MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-20

CERTIFICATE OF DEATH

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				4
0	Dist.	No.		

DURATION 3 days

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allegary	(For newborn infants give residence of mother)
	State thousand County Allegary
or town	J. City or town Cumberland
w long in above place of death? 83 mg lone 10	(If outside city or town limits, write RURAL and give nearest town
ospital, institution, or street address, where death accurred	Street No. Y VO tultor of
VYO FILLAND WAY	(If rural, give LOCATION)
ow long in hospital or institution?	2.(a) If veteran, name wer
3. (a) FULL NAME	. 3. (b) Social Security Number
minne I ther	mma aberle - Hone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
on la White Mid and	Iller , MI .
forfile rouge granning	20, DATE OF DEATH 19 To 21
6.(b) Name of husband or wife better aberte	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Oct 15 19 46, 10 Nov 30
7. Sirth date of	and that I last saw h. en. alive en. 700-30
deceased (mo., day, yr.) Uch 30 1863	Immediate cause of death
B. AGE: Years Months Days If less than one day	Cenebral Vascular assident 3
83 / / Instruction	. mln.
Reil 101	
9. Birthplace (Town, county, and state)	Due to
1/2 12	
10. Usual occupation.	Oue to
11. Industry or business	
12. Name Dense C Smith	Other conditions Serielity, generalized ? 2
13. Birthplace Blamanne	arteroclinis arthutis
	(Include pregnancy within 3 months of death)
14. Malden name. Brangasch 15. Birthplace Surmany	Major findings of operations.
E 15. Birthplace	Date of op.
Ada Ila itt	
16. Informant	Autopsy results
Address Cumbbland.	
17 Busiel Date thereof Dec 3 4	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Oate thereof (month) (day) (year)) Accident, suicide, or homicide Date of
Cemetery or crematory Toulgrush Cum.	Whera did lajury occur?
delicities of circulations	
Location A Christeniana	Injured at home, farm, Industry, public place (where?)
18. Funeral director Limo them Inc.	Meens of Injury Injured at work?
la 1. 1 1	Aud to w
Address Osmferland.	23 SIGNATURE SW Flevastes fr. M
Des 3 46 Ptanklin M.	(A) Baltinese, Arence M. D. or other
(Date ree'd by regristrar) Regi	istrar Address Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE	OF	DEATH
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CERTIFICAT	E OF DEATH Reg. Diat. No.		
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Sounty Allegany	state Maryland county Allegany		
Cumberland (If outside city or town limits, write RURAL and give nearest town)	Cumberland		
tow long in above place of death?	City or iown		
tospital, tastitution or street address where death occurred: 814 Buckingham Road-The Dingle	Street No.814 Buckingham Road-The Dingle		
tow long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Frank Ockerman Armstrone	None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH. Dec. 26, 19 46 1/30A		
B.(b) Name of husband or wife Ada Lloyd Armstrong	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Jun 946 10 Dec. 26 1946		
7. Birth date of Camp 17 1990	and that last saw h. A. A. alive on D. A.C. 22. 1944		
deceased (mo., day, yr.) Sept. 13, 1000 8. AGE: Years Months Days If less than one day	immedia cause of death My of or dolor / yr.		
66 3 13min.	Carone my of a day		
	Conorary thronlosix 3 ms.		
Bedford, Penna. (Town, county, and state)	Due to		
10. Usual occupation Retired			
11. Industry or business Real Estate Business	Due to		
12. Name Thomas Armstrong	Other conditions		
13. Birthplace Frostburg, Md.			
14. Maiden name. Mary Carpenter	(Include pregnancy within 3 months of death)		
15. Birthplace Bedford Co. Penna.	Major findings of operations.		
16. Informant. Mrs. Ada Armstrong			
	Antopsy results		
Address The Dingle, Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial Dec. 28,1946 (Burial, cremation, or removal, Which?)	Accident, sulctde, or homicide		
Cemetery or crematory. Mt. Zion Cem.	Where did injury occur?		
Mt. Zion, Penna.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Charles L. George	Meens of Injury Injured at work?		
Address Cumberland, Md.	23. SIGNATURE 2 Of Spel ma		
19 Dec 28 19 16 J. J. Franklis M.	O. melical 6000 M. D. or other 12.2746		
(Date rec d by registrar)	ADDRESS.		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. These is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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CERTIFICATE OF DEATH

	Reg. Diet. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State W. VA. County MINERAL City or town ELK GARDEN (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) if veteran, name war.
	II.
JACKSON ARNHALT Chanhalk	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE WIDOWED	20. DATE OF DEATH
8.(b) Name of husband or wife NELLLE BIGGS	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
	non 2 2 1946 10 Dec 6 1866
7. Birth date of Sich date of S	and that I last saw h normalive on by La-6-46 18 46
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less han one day	(00000000000000000000000000000000000000
77 = 5 /hrsmin.	
9. Birthplace (Town, eounty, and state)	Due fa
TARTID	perse - aupulle
10, Usual occupation.	Due to
11. Industry or business	
12. Name ANDREWS ARONHALT 13. Birthplace W. VA.	Other conditions. Sende gargreed
13. Birthplace W. VA.	
	(Include pregnancy within 3 months of death)
14. Maiden name Eliza Evans	Major findings of operations.
∑ 15. Birthplace W. VA.	Date of op. O.C.3-46
16. Informant DATORIAL HOSPINAL	Antopsy results
Address Cultivariated Inc	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Amonholt Camatamy	
deficiently of orematory	Where did Injury occur? (City or town) (County) (State)
Location Hartmonsville, Grant Co. W. Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director O. F. Sharpless	Meens of injury Injured at work?
Address Blaine, W. Va.	N. 4. macie
19 Dec. 9. 1946 & P. Frankhii, M.D.	23. SIGNATURE M. D. or other A dela dela dela dela dela dela dela dela
(Date rec'd by registrar) Registrar	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

3. (b) Social Security Number

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information of death clear

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1. PLACE OF DEATH: County ALLEGANY

How long in above place of death?..... Hospital, Institution, or street address where death occurred:

MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State WEST VIRGINIA County MINERAL

City or town PIEDMONT (If outside city or town limits, write RURAL and give nearest town)

Major findings of operations......

Street No. 101 ASHFIELD ST.
(If rural, give LOCATION)

3. (a) FULL NAME

MALE

76

GEORGE W. BERTSFORD

6.(a) Single, married, widowed, or divorced

WHITE MARRIED

6.(b) Name of husband or wife FFFTE COWAN

NOVEMBER 39, 1870 deceased (mo., dsy, yr.)

If less than one day 8. AGE:

9. Birthplace WEST VIRGINIA

(Town, county, and state) 10. Usual occupation JEWELER

11. Industry or business

H 12. NameTHOMAS ... BERISFORD 13. Birthplace ENGLAND

14. Maiden name CATHERINE McGOVERN

15. Birthplace NEW YORK

16. Informant MEMORIAL HOSPITAL Address CUMBERLAND MARYLAND

(Date rec'd by registrar)

Date thereof 1-2-4

(month) (day) (year)

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 30, 1 1946 at 5:25P M

21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur?(City or town)

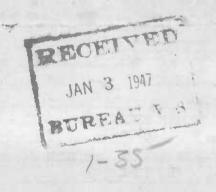
Injured at home, farm, Industry, public place (where?)

Injured at work? Means of Injury

23. SIGNATURE

(County)

WRITE



MARYLAND STATE DEPARTMENT-OF HEALTH



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Outsid	7			EPARTMENT-OF HEALTH	4
City Li	11115		CERTIFICAT	TE OF DEATH Reg. Dist. No	4
n carefully. The eoriearly and legibly.	1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	Coural #3
tio chi	3. (a) FULL NAMI			3. (b) Social Security N	
rma				220-07-667	
of	4. Sex	v Lee Bol	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	-
NG of ses	male	white	single	20. DATE DF DEATH Dec. 14 18 46	at 7. O
BINDING ry item of the causes		or wife		21. I CERTIFY that death occurred on the date above stated: that I attended deceases	sed from
OR eve ite		m.) March.		and that I last saw him allowed. Dec. 14	
	8. AGE: Years	Months 8	Days If less than one day 2.8hrsmin.	Fractured Skull and laceration of brain	once
RESER G INK.	10. Usual occupation	Inspector : Celonese	Corp. of America	Due to Accident. Sawing slab wood.saw came loos Due from framework & struck him in the face and head.	
7 6	12. Name	Jus Bobo	d, W. Va.	Other conditions (Include pregnancy within 3 months of death)	
WINH UNI	14. Maiden name.	Elizabet Keyser,	V. Vo.	Major findings of operations	
Y. H.	18. Informant	nvel Be	lond, 17d.	Antopsy resulta PHYSICIAN: Please underline the cause to which death should be charged a 22. VIOLENCE: If death was due to external causes, fill in the following:	tatistically.
F PI		or removal. Which?)	Date thereof. Dec. 17, 1946 (month) (day) (year)	Accident, suicide, or homicide accident	-14-46 y_Md.
9.45.15 WRITE	11	nberland		Injured at home, farm, Industry, public place (where?)home	***************************************
VS A15	18. Funeral director Address (Date rec'd by re	Inbula Ho	J. P. Tranklin, M. D.	loose from framework atruck h	im in ad



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

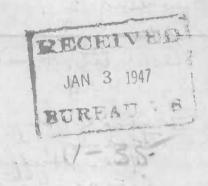
	-	-	37	1
		3	SO.	0
Reg. Diat.	No.			

1. PLACE OF DEATH: Ollegaus	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State I Willard County Collegary
How long in above place of death?	(If legislide city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireel No. Quel Noad
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Clisabeth Our Br	3. (b) Social Security Number
4. Sex 5. Color of sace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temal White Widowed	20, DATE OF DEATH DE Cum 19th 1946 16:45 PM
6.(6) Name of husband or wife Slave Com. Brannon	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
	DSP - 192 .46
7. Birth date of deceased (mo., day, yr.) march 31. 1867	and that I last saw harmalive on 22 197 197 197 197 197 197 197 197 197 197
8. AGE: Years Months Days It less than one day	Immediate cause of death
6. Adl.	Myo carditis Sund Man
hrsmin.	mittel regurgetation
9. Birthplace Mr. Dava Cle gary Md.	Oue to bascular Sty for tursion
10. Usual occupation Layslavife	Due to actino - Delevorio -
11. Industry or business Purpul/	2
12 Ham Tatrick tarrell	Other conditions Intertinal Obstruction
12. Hame tatrick tarrell	SHICL CONDITIONS
	(Include pregnancy within 8 months of death)
14. Maiden name attrerie Territy 15. Birthplace Trelaud	Major findings of operations.
E 15. Birthplace Vielaux	Date of op.
16. Informant Cauces Brazinon	Autopsy results
Address & Mk Savage Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 111 22 111	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remeyal, Which) Date tiestof (Month) (day) (year)	Accident, suicide, or homicide
M Matrickal	Where did injury occur?
Cemelery or crematory	(City or town) (County) (State)
Location My Davage 11)d.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Que Derist	Means of Injury Injured at work?
Address Deasthing Md.	William E. moreley M. D.
d the state of the	23. SIGNATURE William L. M. D. or other
19. Nac 2/ 19 46 Vamera M Dermet	Address Mr Davige Med. Date signed 2/20-1946

PSC 27 1946 BY REAU V.B. Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (745) CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.... informati 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race MEDICAL CERTIFICATION BINDING 2D. DATE OF DEATH ... 6.(b) Name of husband or wife..... .6.(c) If alive, give age .. FOR 7. Birth date of and that I last saw harmen.alive on ... deceased (mo., day, yr.) Supply lease wr Months Days If less than one day 8. AGE: Years ARGIN RESERVED 28 ADING INK. Physicians: pl 1D. Usual occupation...... 11. Industry or business 当 12. Name...... 13. Birthplace important. (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Major findings ol operations. especially PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINL) is especial 22. VIOLENCE: If death was due to external causes, fill in the following: Bate thereof. Tanuary 1, 1947 (month) (day) (year) Accident, suicide, or homicide..... Whers did injury occur?(City or town) 国 (County) WRIT injured at home, farm, industry, public place (where?) tnjured at work? Misens of Injury 18. Funeral director..... SE Address 23. SIGNATURE. Registrar | Address.

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M. D. or other Date signed 1.3 -



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DR.W.F.WILLIAMS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (958)



CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
CountyA.T.T.	EGANY		
City or town	MBERLAND	mits, write RURAL and give nearest town)	StateMARYLAND
	e of death?		City or town FRIENDSVILLE (If outside city or town limits, write RURAL and give nearest town)
	r street address where		Sireet No.
MEMOR	IAL HOSPIT	VI.	(If rural, give LOCATION)
How long in hospital o	or Institution?		2.(a) If veteran, name war
3. (a) FULL NAM	E		3. (b) Social Security Number
MR. JAC	KSON CASTE	EL	none
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 1:20 A.M.
MALE	WHITE	MARRIED	1,20
	1		20. DATE DE DEATH DECEMBER 17, 1946 19 at
6.(b) Name of husband	or wife KATHE	RINE(FRIEND)CASTEEL	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
		6.(c) If alive, give ageyears	2.15: 19.46 10. 2-1/19.46
7. Birth date of	SEPTEMBER	24.19 2 2	and that I last saw h
deceased (mo., day,		11/dd	Immedia Puse Ceath
8. AGE: Year	s Months	Days If less than one day	KKrowe Mematre
6-44	1 2	23 hrsmin.	Heart Dis lake
D Righniage	WEST VIRGI	NTA	Due 10
D. Dilliplace	UNABLE	TO WORK	
10. Usual occupation.		10 1104001	Due to
11. Industry or busing	22		
₩ 12 Name	OLIVER CAS	TEFI	Other conditions
12. Name	WEST VI		
et l	LAURA F		(Include pregnancy within 3 months of death)
14. Maiden name		EURARI	Major findiage of operations.
15. Birthplace	MARYLAND		Date of op. Orone
16, Interment	noningia	l Hosp.	Autopsy results Trong
/	The state of the s	and Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	agavera	cha, ron-	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Durie	n, or removal, Which?	Date thereof (magnith) (day) (year)	Accident, suicide, or homicide
	1000	(mount) koay, kyear,	
Cemetery or cremat	lory / Manual	His of the man	Whera did injury occur?
Location	Mari	Viloudserble, Ma	Injured at home, farm, Industry, public place (where?)
4B. Europai discrip-	12 /	Surar -	Means of Injury Injured at work?
1B. Funeral director		0 00/2-0	201 1 11:
Address	nem	concer 149	23. SIGNATURE / M. J. William
more 1	74/-	J. F. Tranklin M.D.	M. D. er other
(Date rec'd by r	egistrar)	Registrar	Address the application of the state of the



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

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Reg.	Dist	N	o		4	4	4

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland county Allegany
City or town	
How long in above place of doath?	City or towa. Cumberland. (If outside city or town limits, write RURAL and give nearest town)
Allegany Hospital, Cumberland, Md.	Street No. 329 Fayette St.
How long in hospital or institution? 2 days	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
	3. (b) Social Security Number
Miss Mattie Caton — Martha Agne 4. Sex 5. Color or race 8.(a) Single, married, widowed, or diverged.	es caudi.
	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH 12/24 19 46 31 5.55 P. II
6.(6) Name of bushand or wife	21. I CERTIFY that doubt occurred on the date about stated: that I attended deceased from
	Jemba 22,0 6 10 12-24 19-16
7. Birth date of	and that I last saw h. A. Zalive on
8. AGE: Years Months Days Illess than one day	Immediate cause of death
ad	My ocosteti dy
8. Birthplace Cumberland Maryland (Town, county, and date)	Due to.
10. Usual occupation Registered Nurse	Dug to.
11. Industry or business	
12. Name As beech Calm Maland	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
# 14. Malden game masse manley	
15. Birthplace 9 reland	Major findings of operations.
la la contra la	Date of op.
16, Informant Assume To Caran	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cumterland	22. VIOLENCE: It doath was due to external causes, fill in the tollowing:
(Burfal, cremation, or removal, Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide
In Pot who I have	
	Where did injury occur?
Location Committeeling	Injured at home, farm, industry, public place (where?)
18. Fonoral director mas stem Inc	Moans of Injury Injured at work?
Address Combeabach	VSV-D VIII N
1 20 11 12 1	23. SIGNATURE M. D. or other
19. (Duta road by roadstray)	Charlestoned Way 12:26-16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BI-

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CERTIFICA	ATE OF DEATH Reg. Dist. No
1. PLACE OF DETH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. // // // // // // // // // // // // //
3. (a) FULL NAME Cachael 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number Novel
4. Set ###	Immediais cause of death Duration Limited air cause of death Duration Duration
Address Cumberland.	THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH

especially PLAINLY, is especially PLEASE WRITE

ADING INK. Supply every item of information carefully. The capacicians: please write the causes of death clearly and legibly.

FOR BINDING

MARGIN RESERVED

(Burial, cremation, or removal, Which?)

Address

(Date rec'd by registrar)

Injured at home, farm, Industry, public place (where?)

(City or town)

Accident, suicide, or homicide. Where did Injury occur?

Means of Injury

fnjured at work?

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County A LLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
3.(a) FULL NAME COAKLEY, EDWIN R.	3. (b) Social Security Number 705-09-9360
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH DEC. 11. 19.46 , al 9:42 P.
6.(b) Name of husband or wife KIRTLY, VIOLA	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
The latest and the second of t	12.11. 19.46,10. 12.11.19.4
7. Birth date of deceased (mo., day, yr.) 3-2-1894	and that I last saw h 19 44
8. AGE: Years Months Days If less than one day	Immediate Capte of desta
52 9 9hrsmin.	Cone 1a
9. Birthplace Comperior d. Allegany, Maryland (Town, county, and state) 10. Usual occupation PIPE FITTER FOREMAN B&O 11. Industry or business B & O R R 12. Name GOAKLEY, JAMES WM. 13. Birthplace Comperior d, Md 14. Maiden name STEINBAUGH, PAULINE 15. Birthplace Bedford, Pa.	Due to
15 Birthplace Bedford, Pa,	Date of op. Trong
16. Informant MEMORIAL HOSPITAL	Antapsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address CUMBERIAND, MD.	
(Burial, cremation, or removal. Which?) Date thereof Decambar 14, 1946. (month) (day) (year)	
Cemetery or crematory Hillerest Cometery	Where did injury occur?
Location Cumberland, Md	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Johns J. Hofee	Means of Injury Injured at work?
Address Carrelland, Tud.	23. SIGNATURE 97 F. Milliams
19 Dec 14 1946 St. tranklin, M.D. Registrar DR. W.F. WIS.	(124210 la (12424

NFADING INK. Supply every item of information carefully. The c nt. Physicians: please write the causes of death clearly and legibly.

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of death clearl

every item of ite the causes

important.

(Date rec'd by registrar)

FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /64-@

CERTIFICATE OF DEATH

Reg. Diat. No.

Se les	CERTIFICA
le corr	1. PLACE OF DEATH: County Allegany
y. The	City or town 610 Green St. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)
refull y and	How long in above place of death?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

county Allegany Cumberland (If outside city or town limits, write RURAL and give nearest town)

Address Cumberland Md Date signed 1230/46

Hospital, Institution, or street address where death occurred theel				Street No. 610 Green St. (If rural, give LOCATION)		
How long in hospital or institution? 3. (a) FULL NAME James H. Cook			······································	2.(a) If veteran, name war		
					3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	- Y-V
Male	White		Widowed	20. DATE DE DEATH Dec. 30	19.46	9.15A
	A	6.	(c) If alive, give ageyears	2f. I CERTIFY that death occurred on the date at	ec. 30	19 4.6
	ears Months	Days 22	It less than one dayhrsmin.	Intercranial hemo	rrhage &	a.t
9. Birthplace Frostburg, Md. (Town, county, and state) 10. Usual occupation Retired 11. Industry or business Court House Attache				Due to Suicide		
13. Birthplace	London	Engla	and	Other conditions	••••	***************************************
14. Maiden na 15. Birthplace	Germany		, L	Major findings of operations		
16. Informant Mrs. Alvin R. Serf Sr.				Autopsy results	which death should he charged	statisticatly.
Address 610 Greene St. Cumberland, Md. 17. Burial Date thereof Jan. 1,1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Mausleum Location Cumberland, Md.			meet Jan. 1,1947 (month) (day) (year) Mausleum	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	de Date ol 2. nd Allegany (County) where?) home	Md. (State)
			orge	Manna of Injury 32 caliber r	xaminer - A.	llegany O

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (154)

CERTIFICATE OF DEATH



1161240
Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany	State Maryland county Allegany		
City or town Cumberland Maryland (If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death?	City or town Climberland (If outside city or town limits, write RURAL and give nearest town)		
ospilal, institution, or street address where death occurred:	Street No. 513 Beall St.		
Allegany Mospital, Cumberland, Md.	(If rural, give LOCATION)		
How long in hospital or institution? 8 hrs.	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Baby Boy Cooper	hone		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Maile White Givel			
Male White Single	20. DATE OF DEATH		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	19. 46, 10. 12. 12. 19. 46		
7. Birth date of	and that I last saw h Annualive on 18 4		
deceased (mo., day, yr.) 2/27/46 8. AGE: Years Months Days If less than one day	Immediate cause of death		
8. AGE:			
	Milmoren Retoca		
9. Birthplace Cumberland Allegany, Maryland	Due to		
10. Usual occupation Infant	Due to		
11. Industry or business			
12. Name Keith Cooper 13. Birthplace Musherland Maryland	Dther conditions		
13. Birthplace Muniberland, Maryland			
	(Include pregnancy within 8 months of death)		
14. malden name v 5 1 1 1 5 1	Major fiadings of operations.		
14. Malden name Verna Hazer 15. Birthplace Office Charge Maryland 16. Internal Mr. Keith Cooper	Date of op		
18. Informant Mr. Keith Cooper	Autopsy results		
Address 5 13 Beall St. Cumberland med	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
B 11 Are 200 10111	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
17. Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetory or crematory S. S. Cletter & Baul	Where did injury occur?		
la beland had			
Location	Injured at home, farm, industry, public place (where?)		
18. Funeral director Charles L. George	Means of Injury Injured at work?		
Address Sumber Coard Ind.	12 m. by Re.		
A AN II PINA	23. SIGNATURE M. D. or other		
19 Kle. 28 19 46 Strackle.	Address H / Included Bate signed VI 75/6.		

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411	N.	Charles	St.,	Baltimore	1934
2411	14.	Charles	31.,	Daitimore	(93

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Reg. Dist. No.

.. Date signed Des, 4.3, 14.50

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Yorknewborn infants (ive residence of mother) State. State.
How long in above place of death? 40 mg	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, Institution, of street address where death occurred;	Street No. 509 Dreene Sh.
509 Dellene SV.	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lonanna Cook	3. (b) Social Security Number
6. Sen 5. Coder or rape 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Ample Colored Widowed	20. DATE OF DEATH DEC 13 19.46, 21. 7 A
6.(b) Name of husband or wite War hearton Cooper	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	ars
T. Birth date of deceased (mo., day, yr.) allea 74 1877	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediair cause of death
68 11 19ni	in. Orang Marine
Converse distal It 16.	1 CV plinar
Birthplace Man fuld 11. Va.	Due 10.
D. Usual occupation Honouville	
1. Industry or business of at Amne.	Oue 10
1 105:10	
	Other conditions
13. Birthpiace	(Include pregnancy within 3 months of death)
E 14. Maiden name Francisca / Valley	Major fiedings of operations.
14. Maiden name Francisco W Va.	— Date of op.
min mathe Cooper	Aotopsy results.
10. Informant.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Osmatilland.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Dural Date thereof Wee 16 46	6. Accident, suicide, or homicide
(Burial, cremation, or removal Which?) (month) (day) (year)	
Cemetery or crematory	Where did Injury occur?
Location and Duranterland	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lines Stein Das	Msens of Injury Injured at work?
ID. FUNETAL DIRECTUL.T.	

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11614

CERTITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nesrest town) Street No. (If rursi, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, namo war
3. (a) FULL NAME Morina Danton	Cuffett 3. (b) Social Security Number
Female but the Wicher Wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19.46 at 4/55 PM
6.(b) Name of husband or wife the state of t	21. I CERIFFY that death occurred on the date shore stated; that / stended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years (Months Days It less than one day)	Immedia: cause of death of allere
9. Birthplace (Town, county, and state)	Due to tran arkeri Belluotis
10. Usual occupation	Due to.
12. Name	Other conditions of the affection of the conditions of the affection of th
HE 14. Malden name Easall Feather	(Include pregnancy within 3 months of death) Major findings of operations
18. Informant	Antopsy results
17 Burial Dato thoront 5 00 1946	22. VIOLENCE: If doath was due to external causes, till in the tollowing: Accident, suicide, or homicide
(Burisi, eremation, or removal. Which?) Cometery or cromatory. Service and Control (days) (years)	Whers did Injury occur?
18. Funoral director for high for feet	Injured at home, tarm, industry, public place (where?) Means of Injury injured at work?
Address Capabagland, and 10 Dec. 18, 1946 J. Nauklin M.D.	23. SIGNATURE ALL ABOUT OF THE M. W. or other
(Date rec'd by registrar) // Registrar	Address Date signed Date signed



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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

Reves 11615

CERTIFI	CATE	OF	DEATH
OMAKA AA A	CALA L	U 1	- LILLARA

County			nt ORAL and give nearest town)	State Mary land County Allega. City or town Lonaconing (If outside city or town limits, write RURAL and give nearest Street No. (If rural, give LOCATION) 2.(a) It veteran, name war. MEDICAL CERTIFICATION	town)
Female	White		Married	20. DATE OF DEATH. December 28 19.46 at	7:150
S.(b) Name of husband of husband of husband of husband of deceased (mo., day, yr		6,(e) If alive, give ageyears	21. I CERTUY that death occurred on the date above stated; that I attended deceased 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	19
8. AGE: Years	Months	Days	If less than one day	711	Z don A
79			hrsmin.	/ .	
9. Birthplace Yorkshire Scotland 10. Usual occupation Domestic 11. Industry or business own home				Due to.	
E				Dither conditions	
14. Maiden name				(Include pregnancy within 3 months of death) Majur fiudiags of operations	
16. Informant Mrs Walter Whitfield				Autopsy results	stically.
Address Westernport, Maryland 17 burial Date thereolDec 31, 1946 (Burial, cremation, or removal, Which?) Cometery or crematory Philos Cemetery Location Westernport, Maryland 18. Funeral director Ellsworth S. Boal			tery Jaryland	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide	tate)
Address III Church St. esternport, Md. 19 Sec. 3 (Date rec'd by registrar) Registrar				Address Date sight.	29/46

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JAN 1-1947 | BURFAT VB UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH



1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
city or town about 1/2 mile west of McCoole N	State W.Va. County Mineral
route 56 testing of town limits, write RURAL and give nearest town) How long in above place of death?	City or town Piedmont (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 87 Erin
	2.(a) ti veteran, name war WOP 1d War # 2
How long In hospitat or Institution?	
3.(a) FULL NAME Lewis DANCER	3. (b) Social Security Number
Robert Lewis Danger 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	220-10-1409
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Married	20. DATE OF DEATH Dec. 5. 19.46
6,(6) Name of husband or wife Mabel Alkire Dancer	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of	and that I last saw him a Dead Dec. 5 19 46
deceased (mo., day, yr.) July 23, 1919	Immediate cause of death
8. AGE: Years Months Days It less than one day	Crushed skull and fractured at
27 4 12hrsmin.	vertebrae of the neck once
9. Birthplace Piedmont, Mineral, W. Va.	Due to
1D. Usual occupation. Clerk	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Due to
11. Industry or business W. a. Pulp and Paper Co.	Emostumed downers last
12. Name. January Va. Va.	Other conditions Fractured jaw and left forearm.
	(Include pregnancy within 3 months of death)
D7 - 14 14 7	Major fieddags of operations
	Date of op.
16. Informant Mr. Fay Plaugher	Actopsy results
Address Westernport, Maryland	
17 Burial Date thereof Dec 7, 1946 (Burial, cremation, or removal, Which?)	22. VIOLENCE: tt death was due to external causes, fill in the tollowing: Accident Date of 12.5.1946. Where did injury occur, Router of McConfe Allegany Md. Router of County (State)
Cemetery or crematory Philos Cemetery	Where did injury occur? (State)
Location Westernport, Md.	Injured at home, farm, Industry, public place (where?) Route. 36
	Meens of InjurAutomobile, accidentetat work?
18. Funeral director Fllsworth S. Boal	- repay medical banduer - anegany
Address Westernport, Waryland	23. SIGNATURE H. V. Deming M. D. H. V. Deming 24 A
19. Dec 7 19 46 Apagenbaber Mix (Date rec'd by registrar) (Date rec'd by registrar)	Address Cumbuland Md Data signed 2 5/46
(Date rec'd by registrar) Registrar	Address



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

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Reg.	Dist.	No.				4	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Slate Maryland Couply Allegany
City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town
Hospilal, institution, or street address where death occurred:	Street No. 125 West 3rd St.
125 West Third Street	
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Ann Davies	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH Dec. 15, 19 46 at 3:05A
6.(b) Mame of husband or wife William Davies	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	Dec- 1, 1946, 10 Dec- 15 19 46
7. Birth date of deceased (mo., day, yr.) May 25, 1851	years and that I last saw b
	Immediair cause of death DURATION
o. Auc.	min. Myverelites 10-yes
95 6 20 hrs.	min. Ilyverelles 10-yrs
S. Birthplace Swansea, Wales (Town, county, and state)	Due to.
Housewife.	
1D. Usuat occupation	Due to
11. industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
置 14. Malden name Unknown	Major findings uf uperations
14. Maiden name. Unknown 15. Birthplace Unknown	Major hadiags at aperacons
16 Interment Mr. Gomer Davies	
	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address 125 vW. 3rd St. Cumberland, Md.	22. VIOLENCE: It death was due to external causes, fill in the following:
Burial Dec. 17,10 (month) (day) (year)	Accident, suicide, or homicide
Rose Hill Cem	Where did injury occur?
Ocinicial) of Grantion)	
Location Cumberland, Md.	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
18. Funerat director Charles L. George	Means of Injury tnjured at work?
Address Cumberland, Md.	23. SIGNATURE: Plany 5 Surreys
19 Dec. 17 19 46 J. P. Franklin, M.	M, D, or other
19. (Date rec'd by registrar) 19. 46 XI.P. Transclus, M. of Regi	Address Date signed Date signed



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

11618

1. PLACE OF DEATH: Coucity City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbeyn Infanta rive residence of mother) Stale County Clip or town (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) 1t veteran, name war		
3. (a) FULL NAME Frank Benjamin	Davis 3. (b) Social Security Number		
4. Sex 5. Color organic While Luidawed 8.(b) Name of husband or wife Arrie 8.(c) It alive, give age	MEDICAL CERTIFICATION 20. BATE DF BEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4 6, 10. 19.4 6.		
7. Birth date of deceased (mo., day, yr.) Nov. 1, 1862	and that I last saw here alive on December 7 18.46		
8. AGE: Years Months Bays It less than one day	Immediate cause of death BURATION Suchio Vasculau Collapsu 5 asys		
9. Birthplace Cambria County la: (Town, county, and state)	Due to		
10. Usual occupation Sull man. 11. Industry or business Own will	Bue to		
12. Name David L. David 13. Birthplace unknown	Diher conditions Service gang aland Took august the first mortales ago (Include pregnancy within 8 months of death)		
14. Maiden name March J. Kelly 15. Birthplace Fieglifon Co., Ca.	Major findings of operations.		
18. Informant Walter A Davis	Autopsy results		
17 Butt al Bate thereot (month) (day) (year)	22. VtOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide,		
Cometery or crematory Ada Tellows Censelling	Where did injury occur?		
Location Flishtstand Mil.	Injured at home, tarm, industry, sublic place (where?)		
18. Funeral director. All Management of the Company	Means of Injury Injured at work?		
Address arterias las	23. SIGNATURE &, a. Walson M.S.		
19. Let 9 19 46 Mina S. Bender Registrar	23. SIGNATURE M. D. or other Addressittle Orleans M. Bate signed 12/8/46		

ACTIVISM SIZE ENGINEERING CONTRACTORS

CERTIFICATE OF BRADEL

SOUTH STORY SANDON

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)-0

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CERTIFICATE OF DEATH

CERTITION	Reg. Diat. No.
1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
toothood V	State Maryland Couoly Ollegany
How long in above piace of death?	City or town (1f outside city po town limits, Frite RURAN and the nearest win)
Hospital, institution or street address where death occurred.	Street No. 62 Dering Pt
MILLOW MARCHAEL	(If ural, give LOO (TION)
How long in hospital or Institution?	2.(a) If veteran, name war.
Trace Clisabeth	Davis 3. (b) Social Security Number Mone
Sex 5. Color or race 8.(a) Single, married, wisow) d, or divorced	MEDICAL CERTIFICATION
stuate while suige	20. DATE OF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw hit & alive on Alle 35 19 46
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION
57 30 24hrsmin.	Cerebral Contestentinoning 12his
8. Birthpiae Thosthering allegacy (ty ,) Me	Due to
10. Usual occupation	C-V-Kinew Reiseard 2411
11. industry or business of home	Oue to
12. Name Chus Clavia	Other conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name. Mary a. House 15. Birthplace (Maryland	Major findings of operations
15. Birthplace of Maryland	Dale of op.
16. Informant Sacu Days	Autopsy results
Address Dresthing Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bull Tick Which Oate (he called 2) 1946	22. VIOLENCE: tf death was due to external causes, fill in the toliowing; Accident, suicide, or homicide
Cemetery or crematory	Whers did injury occur? (City or town) (County) (State)
Location Front Landa Mad	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
Address In Address	MSV H 2110
	23. SIGNATURE MM D. or other
19. 12-27 1946 Just Xawey N. Registrar	Address Thereway VIII Date signed 12 filleffl

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	maryland allegans
(If outside city or town Ignits, write RURAL and give nearest town)	State County County
(If outside city of town bunits, write KOKAL and give nearest town)	City or town Lazansmille
How long in above place et death?	(If outside city or was limits, write RURAD and give nearest town)
Hospital, Institution, or student address where death occurred	Street No.
muc oo how to	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name wer
3. (a) FULL NAME	3. (b) Social Security Number
6 lmer Ollsworth	typenlaugh
4. Sax 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male blate branch	10 17 11 030 A
man mile manuel	20. DATE OF DEATH ALLO
and Dens	21. I CERTIFY that death occurred po the date above stated; that I attended deceased from
6.(b) Name of husband er wife	12/9/46 19 10/2/17/46 11
	12/15/4/6
7. Birth date of	and that I last eaw h
deceased (mo., day, yr.) MA // /8 60 8 A.G.F. Yeare Months / Days It less than one day	Immediate cause of death DURATION
8. AGE: Yeare Months Days It less than one day	Chance my o constiti
80 40 6hrsmin.	
Chil Dagrage and.	
9. Birthplace (Town, county and atate)	Due to.
Rad gets ere al	
1D. Usual occupation.	Due to.
11. Industry or business C X R Resp	
12. Name Subsesting Deffenhaugh	
	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Olyateth Stidey	
15. Birthplace	Major findings of operations
El 15. Birthplace	Date et ep.
16. Informant Ano 6. 6. Alstenbande	Aotopsy results
	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Chrisquaville and	22. VIOLENCE: It death was due to external causes, till in the fellowing;
17 Brisal Date thereet 12 20 46	
(Burisl, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Orlenmound Column	Where did injury occur?
Location Thursday	Injured at home, tarm, industry, public place (where?)
18. Funeral director Armo Stern Inc	Meane of Injury Injured at work?
1 1 1	0.0
Address mmterland	23. SIGNATURE to the 18. / Loque 4 4
Ner 19 41 6 Planswell	M. D. or other
(Date rec'd by registrar)	Address Cemberland Celebrate signed 12/1/x6

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JAN 1 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

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			CERTIFICA	IE OF DEATH	Reg. Dist. No	/
Ounty A	llegany	A		2. USUAL RESIDENCE (HOME (For newborn infants give residence)		
City or town SY 1	van Retres	its, write RU	MAL and give nearest town)			
Now long in above plac	e of death? Abou	1t 2.1	/2 months	City or town Grahamtown (If outside city or town)	limits, write RURAL and give ne	arest town)
			van Letreat	Street No.		
			1/2 months	(If rural, 2.(a) It veteran, name war	give LOCATION)	
3.(a) FULL NAM		2.0	Ly & MUTICITS	Z.(d) 11 veteran, name war		
. ,					3. (b) Social Security	Number
Hari	ison Duck	Worth	married, widowed, or divorced	MEDICAL	. CERTIFICATION	
male	white		d owed	20. DATE DF DEATH De.C. 3		43.35P.
6.(b) Name of husband	or wite Mary L	avine	Duckworth	21. I CERTIFY that death occurred on the dat	19 to	19
7. Birth date of	Amas 2	6.(c)	If alive, give ageyears	and that I last saw him alive Dead	Dec. 5	1946
deceased (mo., day,	yr.) ADITL	Days	O D If less than one day	General Arterio sclerosis Seve		
o. nob.	8	1	hrs,min.			
91	13.7			years		
9. Birthplace. B&I	Ton, ALLE	ounty, and at	Maryl and	Due to Senility		
				Due to.		
11. Industry or busine	woodsm	an		Due 10		1
当 12. Name Wi	llaim Duc	kwort	h ,	Other conditions.		
13. Birthplace	Marylan	d				
H 14 Maiden name		ne Mu	rphy,	(Include pregnancy within 8 months of death) Major findings of operations		
TOV AE Birtheless	Marulan	ð				
21 15. Birtingrace	moon Drade	womth				
	Frostburg		9	PHYSICIAN: Please ooderline the cause	to which death should he charged	statistically.
Address			- 4 1044	22. VIOLENCE: If death was due to extern	al causes, till in the following:	
17 Buri	a L	Date thereo	Dec. 6, 1946	Accident, suicide, or homicide		
Cemetery or crema	vale S	ummi t	.9			
			Md •	Injured at home, tarm, Industry, public place		
			•	Msans of Injury Medical	Injured at work?	Market State of the State of th
	Frostburg		•••••••••••••••••••••••••••••••••••••••		4.15	
Hadiogo			2 + 11.51	23. SIGNATURE.H.V.Deming	M.D. 14. V. W.	or other
19 Vec.	5, 1946	. Xinta	Fauklii M. L. Rogistrar	Address Combalain		
(Date rec'd by r	egistrar)	0	1 trefistrat	II Adaless	Date signed	A CHARLES AND A STREET AS A

DEC 10 1915

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	A Reg. Dist. Ito.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Allegany	State Mary land county Allogany
City or town	2 1 1 0 '
How long in above place of death?	(If outside city or town limita, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 802 Hill Tob Drive
Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Minerua Eshleman	none
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowod	20. DATE OF DEATH Dec 20 + 1946 21 1/ A. W
5.(b) Name of husband or wite Samuel Eshleman	21. I CERTIFY that death occurred on the date above stated; that Lettended degraged from
6.(c) Name of nuspand or wife	100 28 19th, 10 vee 20 19 46
7 Right date of	and that I last saw h a alive on see 20 19.46.
deceased (mo., day, yr.) PB, 11, 1870	Immediate cause of death
8. AGE: Years Months Days It less than one day	
76 /0 9hrsmin.	Cerebral Henociking.
& Birtholace May town, Longaster, Penna,	Due to De a with 3 12h
8. Birthplace May Town Lon Cas Tev found, (Town, county, and state)	1 significant of the significant
10. Usual occupation Housewite	
tt. Industry or business Ownhome	Due to
	1/1 C/Lates 4100 to 20 May
T 12. Name	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Chay lotte Rnollmdn 15. Birthniace May town Penna	Major findings of operations
2 ts. Birthplace May town, Penna	Date of op.
16. Informant Mr. Victor Heisey	Antopsy results.
Address 902 Hill Tob Drive Cumberland, Md	PHYSICIAN Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the toilowing;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Mt. Joy Cometer	Where did injury occur?
Location Mt-Jou Pound.	Injured at home, farm, Industry, public place (where?)
(Wale)	Meens of Injury Injured at work?
18. Funeral director	- (Ru) - 128
	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) 19. Registrar	Address Pew Julavid Wd Date signed 12-20-46

ADING INK. Supply every item of information carefully. The of Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING ITE PLAINLY, WITH UNF. is especially important.

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DEC 26 1946

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ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

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Charles	St.,	Baltin	more	61	

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		CERTIFICAT	TE OF DEATH	Reg. Diat. No.	4
City or town(If How long in above plac Hospilai, instilution, o	Cumberlar cumberlar outside city or town l se of death? or street address where llegany H or institution?	id imits, write RURAL and give nearest town) hours death occurred:	2. USUAL RESIDENCE (HOME) (For newborn Infants give residence Slate	of mother) County	nearest town)
	MARY	THOMAS EVANS		none	
Female	5. Color or race White	S.(a)Single, married, widowed, or divorced Married	MEDICAL O	CERTIFICATION Dec. 19	11 55 11 P
7. Birth date of deceased (mo., day, 8. AGE: Year	yr.) Novem	aiel Evans 6.(c) It alive, give age 70 Abor 18, 1890 Days It less than one day 23 hrs. min. Allegany, Maryland county, and atate) Wife	and that I last saw h	nloris	19
tt. Industry or busine	ss home	omas	Oue to		
t4. Maiden name	Wales Emily W Penns aniel Eva		(Include pregnancy within Major fiadiags of operations	Oate of op	ged statistically.
Cemetery or cremat	tory Allega	Oate thereof Dec. 15, 1946 (month) (day) (year)	22. VIOLENCE: It death was due to external	causes, till in the tollowing:	(State)
18. Funeral director	J. J. Du	arg. Md.	Meens of Injury	Injured at work?	
Date rec'd by r	egistrar)	Registrar	Address	Dale sign	red J

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22)

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CERTIFICATE OF DEATH

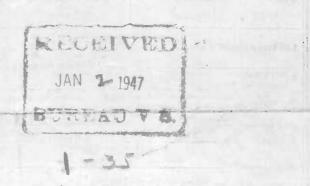
Reg. Dist. No ...

State. County (if outside city or town initial, write RURAL and give nearest town) (if outside city or town initial, write RURAL and give nearest town) (if outside city or town initial, write RURAL and give nearest town) (if outside city or town initial, write RURAL and give nearest town) (if outside city or town initial, write RURAL and give nearest town) (if outside city or town initial, write RURAL and give nearest town) (if outside city or town initial, write RURAL and give nearest town) (if outside city or town initial, write RURAL and give nearest town) Street No. (if outside city or town initial, write RURAL and give nearest town) Street No. (if outside city or town initial, write RURAL and give nearest town) Street No. (if outside city or town initial, write RURAL and give nearest town) Street No. (if outside city or town initial, write RURAL and give nearest town) Street No. (if outside city or town initial, write RURAL and give nearest town) Street No. (if outside city or town initial, write RURAL and give nearest town) Street No. (if outside city or town initial, write RURAL and give nearest town) Street No. (if outside city or town initial, write RURAL and give nearest town) Street No. (if outside city or town initial, write RURAL and give nearest town) Street No. (if outside city or town initial, write RURAL and give nearest town) Street No. (if outside city or town initial, write RURAL and give nearest town) MEDICAL CERTIFICATION 20, DATE NO DECEMBER 25 146 a 6s1 21. ICERTIFY that deep occurred on the data above vialed, that is inseded ceased from and the data and the data allowed and the cause of data. Inmidiate c	Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Maryland Allegany
How long in hospital or institution? 3. (a) Full NAME Mr. John Mils Felmlee 4. Set Male White Ms. Married 8. (b) Hams of husband or wife 8. (c) Hams of husband or wife 8. (c) Hams of husband or wife 8. (c) Hams of husband or wife 8. (d) Hams of husband or wife 8. (d) Hams of husband or wife 9. (e) Hams of husband or wife 10. Birth data of deceased (mm. day, yr.) 8. AGE: Years Months 9. Birthplace Months 10. Usual occupation 11. Industry or business AGME Furniture Co. 12. Name Mary Zimmerman (Dec.) 13. Birthplace Mary Zimmerman (Dec.) 14. Maiden name Mary Zimmerman (Dec.) 15. Birthplace Marie Brant Felmlee 16. Informant Mrs. Marie Brant Felmlee 17. Simplicate cause to which death should be charged statistically. Major Rudings of operations	(If outside city or town limits, write RURAL and give nearest town)	213 Bedford Street k Cumberland
3. (a) FULL NAME Mr. John Mills Felmlee 4. Sex Male S. Color or race 6. (a) Single, married, widowed, or divorced Male White Married 5. Color or race 6. (a) Single, married, widowed, or divorced Married 5. (b) Name of husband or wife. 6. (c) If alive, give age 51 years deceased (mo., day, yr.) 6. AGE: Vears Months Days If less than one day 59 (A) 0 0 hrs. mid. 9. Birthplace Pennsylvania Lewistown 10. Usual occupation. Store Manager 11. Industry or business Acme Furniture Co. 12. Name. Mary Zimmerman (Dec.) 13. Birthplace Lewistown, Pa. 14. Maiden name. Mary Zimmerman (Dec.) 15. Birthplace Lewistown, Pa. 16. Informant. Mrs. Marie Brant Felmlee Address 213 Beford St. Cumberland, Md. 17. Store Wanger Mary Simmerman (Dec.) 18. Informant. Mrs. Marie Brant Felmlee Address 213 Beford St. Cumberland, Md. 19. Company of the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated from t	nstitution, or street address where death occurred: legany Hospital 215 Decatur Street	Street No
Mr. John Mills Felmlee 4.5ex Male White Married 5. Color or race Married 6. (a) Single, married, widowed, or divorced Married 7. Birth date of decased (mo. day, yr.) 7. Birth date of decased (mo. day, yr.) 8. AGE: Tears Months Days Fennsylvania Lewistown 9. Birthplace (Town, county, and state) 10. Usual occupation. Store Manager 11. Industry or business Acme Furniture Co. 12. Name Mary Zimmerman (Dec.) 13. Birthplace Lewistown, Pa. 14. Maiden name Mary Zimmerman (Dec.) 15. Birthplace Lewistown, Pa. 16. Informant Mrs. Marie Brant Felmlee Address213 Bedford St. Cumberland, Md. 21. VIOLENCE: If death was due to external causes, fill in the following:	n hospital or institution?	2.(a) If veteran, name war
Male White Married 5.(6) Name of husband or wife. 6.(c) If alive, give age 51 years deceased (mo. day, yr.) 7. Birth date of deceased (mo. day, yr.) 8. AGE: Years Months Days O O O O O O O O O O O O O O O O O O O		
8.(b) Name of husband or wife 8.(c) If alive, give age 51 years deceased (mo. day, yr.) 8. AGE: Years Months Days If less than one day 59 AR O O hrs. min. 9. Birthplace Crown, county, and state) 10. Usual occupation Store Manager 11. Industry or business Acme Furniture Co. 12. Name John (Dec.) Felmlee 13. Birthplace Lewistown, Pa. 14. Maiden name Mary Zimmerman (Dec.) 15. Birthplace Lewistown, Pa. 16. informant Mrs. Marie Brant Felmlee Address213 Bedford St. Cumberland, Md. 21. ICERTIFY that decayl occurred on the date above stated; that t attended deceased from 12. ICERTIFY that decayl occurred on the date above stated; that t attended deceased from 12. ICERTIFY that decayl occurred on the date above stated; that t attended deceased from 12. ICERTIFY that decayl occurred on the date above stated; that t attended deceased from 12. ICERTIFY that decayl occurred on the date above stated; that t attended deceased from 12. ICERTIFY that decayl occurred on the date above stated; that t attended deceased from 12. ICERTIFY that decayl occurred on the date above stated; that t attended deceased from 12. ICERTIFY that decayl occurred on the date above stated; that t attended deceased from 12. ICERTIFY that decayl occurred on the date above stated; that t attended deceased from 12. ICERTIFY that decayl occurred on the date above stated; that t attended deceased from 12. ICERTIFY that decayl occurred on the date above stated; that t attended deceased from 12. ICERTIFY that decayl occurred on the date above stated; that t attended deceased from 12. ICERTIFY that decayl occurred on the date above stated; that t attended deceased from 12. ICERTIFY that decayl occurred on the date above stated; that t attended the cause of death 12. ICERTIFY that decayl occurred on the date above stated; that t attended the cause of death 12. ICERTIFY that death occurred to the cause of death 12. ICERTIFY that death occurred to the cause of death 12. ICERTIFY that death occurred to the cause of death 12. ICERTIFY that death occurred		
S. (c) If alive, give age 51 years T. Birth date of deceased (mo., day, yr.) December 25, 1887	e of husband or wife. Mrs. Marie Felmlee	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
8. AGE: Years Months Days If less than one day 59 60 0 0 hrs. min. 9. Birthplace Pennsylvania Lewistown 10. Usual occupation. Store Manager. 11. Industry or business Acme Furniture Co. 12. Name Dither conditions 13. Birthplace Lewistown, Pa. 14. Maiden name Mary Zimmerman (Dec.) 15. Birthplace Lewistown, Pa. 16. Informant Mrs. Marie Brant Felmlee Address213 Bedford St. Cumberland, Md. Autopsy results. PHYSICIAN: Please underline the cause te which death should be charged statistically. PHYSICIAN: Please underline the cause te which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:		and that I last saw h 44 failire on (2) 2 4 6 19
10. Usual occupation	Years Months Days / If less than one day	Immediate cause of death Courses DURATION
1t. Industry or business Acme Furniture Co. 12. Name	(Town, county, and state)	Due to
Dither conditions. Dither conditions. Dither conditions. Dither conditions. (Include pregnancy within 3 months of death) Mary Zimmerman (Dec.) Major findings of operations. Date of op. Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:		Due to
13. Birthplace Lewistown, Pa. 14. Maiden name Lewistown, Pa. 15. Birthplace Lewistown, Pa. 16. Informant Mrs. Marie Brant Felmlee Address213 Bedford St. Cumberland, Md. 22. VIOLENCE: If death was due to external causes, fill in the following:		Dther conditions Drawchy stars
Address213 Bedford St. Cumberland, Md. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:	irthptace Lewistown, Pa.	(Include pregnancy within 3 months of death)
Address213 Bedford St. Cumberland, Md. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:	rippiace Lewistown, Pa.	Major findings of operations. Date of op. /2 /1 1//16
22. VIOLENCE: If death was due to external causes, fill in the following:	/// \	Autopsy results
(Burial gramation or removal Which?) (month) (day) (year) Accident, suicide, or homicide		22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
		Where did injury occur?
LOUGHUM	Cumberland, Maryland	Injured at home, farm, Industry, public place (where?)
t8. Funeral director William H. Kight Meens of injury Injured at work?		Meens of Injury Injured at work?
Address Cumberland, Maryland 18 LC 27 19 46 & P. Franklin M. D. 6rother (Date ree'd by registrar) 18 Address Cumberland W. D. 6rother Registrar Address Cumberland Cub Date signed 12/2	100 110	1903 CIENATURE

UNFADING INK. Supply every item of information carefully. The correct age tant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

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UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Car	V		CLICITI	ICAIL OI	DEATH	Reg	Dist. No	
1. PLACE OF DEA			•	2. USUA	AL RESIDENCE (HOM)	E) OF DECEAS	ED:	
					state Maryland county Allegany			
City or town			own) City or tow	Cumberland (If outside city or town				
Hospital, institution, or street address where death occurred: Memorial Hospital				Street No.	408 Washin		t	
How long In hospital or i	institution?18.	Days	······································	2.(a) If ve	teran, name war			
3. (a) FULL NAME							Social Security None	Number
Mr. Phil	ip A. F	etzer	e, married, widowed, or divorce					
Male	White	Sin			MEDICAL F DEATH December	L CERTIFIC		7:45P
				21 1 CEPT	IFY that death occurred on the da	ata ahora etatad: eth	al I attended dace	ased from
5.(b) Name of husband o	r wife		••••••••••		1. 28.			
7. Birth date of			c) If alive, give age		last saw h. i.M. aijve on			
deceased (mo., day, yr.	Febr	uarv	10, 1872		The of death			DURATION
8. AGE: Years	Months	Days	If less than one day	Immedia	DO Der	-		Bonation
74	10	6	hrs.	min.	Tocker			
11. industry or business	Caretak Fetzer	er	state)	20	enorali Sucoli (Include pregnancy with	200	Hon	io -
-			rly	Major find	lings of operations	Months of de	atn)	
2 15. Birthplace V	<i>l</i> irginia						Date of op.	Lone
			al	Antopsy r	N: Please underline the canse	to which death sh	ould be charged	statistically.
	berland		yland		ENCE: If death was due to exteri			
Buria Buria (Burial, cremation,	or removal, Which?	Date the	(month) (day) (3	946 year) Accident, s	sulcide, or homicide		Date of	
Cemetery or crematory	Moore	efield	l Cem.	Where did	Injury occur?(City or to	own) (County)	(State)
Location			l, W. Va.		home, farm, Industry, pub ¹ le pla			
18. Funeral director	Charles	s L. (eorge	Means of I	njury A —	0 (10)	ured at work?	
Address	Cumber:	land.	Md.		-11-1	ALL	1	
^	19, 19 4	. 0	n-t- 11	m. N. 23. Signa	sembo l	and	M. DA	or other



Security Number

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Corbotate limits	2411 N. Cha	DEPARTMENT OF HEALT Arles St., Baltimore 220 ATE OF DEATH	H Reg. Dia
How long in above place of death?		Street No. J. H. M. (12)	County Co
3. (a) FULL NAME 3. (a) FULL NAME 4. Set 4.	Service of Grand States of	20. DATE DF DEATH	the date above stated; that Lat

If less than one day

(Town, county, and state)

13. Birthplace

Address

(Include pregnancy within 3 months of death)

Major findings of operations ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Where did injury occur?(City or town)

injured at home, farm, industry, public place (where?)

Injured at work? Meene of Injury

23. SIGNATURE

BINDING

FOR

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MARGIN

ADING INK. Supply eve Physicians: please write

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WRITE

deceased (mo., day, yr.)

8. AGE:

DEC 18 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (%)

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Reg.	Diat.	N	o		*4	- 0

CERTIFICATE OF DEATH

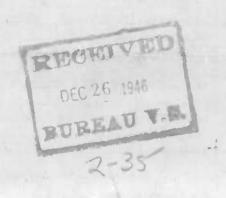
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Allegany Md	State Md. County Allegany			
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 45 years	City or town Cumberland (If outside city or town limits, write RURAL and give	nearest town)		
Mospital, Institution, or street address where death occurred:	street No. 501 Maryland Ave.			
501 Maryland Ave.	(If rural, give LOCATION)	-		
How long in hospital or institution?	2.(a) If veteran, name war.			
3. (a) FULL NAME	3. (b) Social Secur	ity Number		
Elias Gatehouse	220-10-0	146		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male white married	20. DATE OF DEATH Dec. 17 19.4	6.,a12.30P		
6.(b) Name of husband or wite Annie Bradley	21. I CERTIFY that death occurred on the date above slated; that I attended on the date above slated; the date above slated; the date above slated is the date above slated.			
T. Birth date of	years and that I last saw him awad Dec. 17			
deceased (mo., day, yr.) November 29, 1871	Immediais cause of death			
8. AGE: Years Months Days It less than one day	Coronary occlusion			
75 0 18hrs.	min.	once.		
9. Birthplace Frastburg, Allegany Co., Md.	Due to Arterio-sclerosis	several		
10. Usual occupation Retired Machinist		years		
11. Industry or business Comperiord Steel Co.	Due to			
	Aug.			
12. Name Thomas Gatehouse	Uther conditions	•••••		
	(Include pregnancy within 3 months of death)			
	Major findings of operations			
	Date of op			
16. Intermant Mrz. Elias Gatebouse	Antopsy results.			
Address 601 Maryland Ave., Cumberland, P.	PHYSICIAN: Please underline the cause to which death should be char-	ged statistically.		
. ~	22. VIOLENCE: It death was due to external causes, till in the following;			
(Burial, cremation, or removal, Which?) Date thereof. December 15, 1 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Allegany Cemetery	Where did injury occur?	(State)		
Location Front byrg, Md.	Injured at home, tarm, Industry, public place (where?)			
1 1 1 1 1	Means of injury Injured at work?			
1B. Funeral director that the state of the s	Hennty Madical Examinar - A	Heanny Co		
Address Carpeter Gard Tued,	23. SIGNATURE. H. V. Deming M. D. H. V.	ming Mr. D		
polec. 19 H6 J. P. trauklin, Mo	/			
(Date rec'd by registrar)	strar Address Cumbraland Ind Date sign	ed / 2117-1946		

information carefully. The correct of death clearly and legibly. MARGIN RESERVED FOR BINDING Supply every item of ease write the causes ADING INK.

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WRITE PLEASE A15 20



Within corporate limits live to

MARYLAND STATE DEPARTMENT OF HEALTH



3. (b) Social Security Number

1454 CERTIFICAT	TE OF DEATH Reg. Dist. No4	9
PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Cambonland	Money and Allomay	

City or town......(If outside city or town limits, write RURAL and give nesrest town) How long in above place of death? 40 Years Hospital, institution, or street address where death occurred: Allegany County Infirmary

State Wary Land County Allegany Cumberland
(If outside city or town limits, write RURAL and give nearest town) Street No. 223 Davidson St (If rural, give LOCATION)

8 Months How long in hospital or institution?.... 3. (a) FULL NAME Speros P. Giatras 6.(a) Single, married, widowed, or divorced Single White Male 6.(b) Name of husband or wife..... 6.(c) If alive, give age years 7. Birth date of May 16 1887 deceased (mo., day, yr.) If less than one day 8. AGE: 59 Sparta Greece (Town, county, and state) 9. Birthplace..... Candy Maker 1D. Usual occupation..... Candy Store 11. Industry or business Panagitis D. Giatras Sparta, Greece

14. Maiden name. Anna Cachulis
15. Birthplace Sparta, Greece

MEDICAL CERTIFICATION 20. DATE DF DEATH December 14 1946 at 7-15A M 21. I CERTIFY, that death occurred on the date above stated; that Lattended deceased from DEC. 5 1046 10 DEC. 14

Ja noars

DURATION

(Include pregnancy within 3 months of death) Major findings of operations....

and that I last sew h 1.177 alive on DEC 13

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur?(City or town) (County)

Injured at home, farm, industry, public place (where?)

Injured at work?

Means of Injury

PLAINLY, is especially PLEASE WRITE

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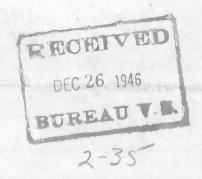
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Date thereof 12/16/46 (month) (dsy) (year) Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Cumberland, Md. 18. Funeral director William H. Kight Cumberland. Md.

George P. Giatras

Address 223 Davidson St. Cumberland, Md.

Sparta. Greece



MARGIN RESERVED FOR BINDING

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Alleghany	state Maryland county Alleghany
City or town. Cumberland . Maryland (If outside city or town limits, write RURAL and give nearest town)	
thow long in above place of death?	City or town
Hospital, Institution of Decading spherideath founds bita	Street No. 417 Pine Place (If rural, give LOCATION)
How long in hospital or institution? 11 days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Mollie Giles Mary Ge	naviora Trilas More
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH 18 Rev. 46 19
8.(b) Name of husband or wife. Bernard 6-1125	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 Self. 46 19 19 46
7. Birth date of	and that I last saw h 21 alive on 19 Mes 46 19
deceased (mo., day, yr.) 4/5/84 R AGE- Years Months Days If less than one day	Immediate cause of death
8. AGE: Years Months Days If less than one day 62 7 LS	Cerebral Thronton 2 who
	My M. Darfell Charles I had
9. Birthplace Maryland (Town, county, and state)	Due to Julian Minimum (Thanking)
10. Usual occupation Housewife	Busto
tt. tndustry or business	DUC 10.
# 12. Name Arry Deetz (Dec.)	Other conditions
12. Name Rerry Deetz (Dees) 13. Sirthpiace Mg.	(Include pregnancy within 8 months of death)
14. Maiden name Jane Cessna (Dec.)	
14. Maiden name Jane Cessna (Dec.)	Major findings of operations. Date of og.
16. Informant Bernand L Giles	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cuntilland Mia 211 161	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Army Marine Bash	Where did injury occur?
Location By Cambridge	tnjured at home, farm, tndustry, public place (where?)
18. Funeral director Annia Attini Inc	Means of injury injured at work?
	In all of No Mane
Address Charlestand	23. SIDNATURE W. alfel Va Ocory M. D. or other
(Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar)	Address 10 5. Carlo 21 Date signed 20 legs (E)

DEC 26 1946
BUREA B

Outside of City Limits

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, WITH UNF is especially important.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

11630

CERTIFICATE OF DEATH

Par Diet No. 4

CERTIFICAT	Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For lewborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest count) Street No. Allegamy The county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of town limits, write RURAL and give nearest county of the city of
How long in hospital or institution?	(latural five LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Cthel 6 91 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	Okey MEDICAL CERTIFICATION
Female White married	20. DATE OF DEATH
6.(b) Name of husband or wife Osral Bilkey	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) June 20 188 9	and that I last saw by allive on Received 23 18 44 C
8. AGE: Years Months Days IT less than one day 47 6 5	e gaples
9, Birthplace	Due to.
1B. Usual occupation	Due to
12. Name & seach Suash 13. Birthplace	Dther conditions
14. Malden name MANA & Mandalla 15. Birthplace	(Include pregnancy within 3 months of death) Major fieldings of operations
(6 6 /h.	Date of op.
Address La Vale Gnd:	Actopsy resolts
17. Parallel Date thereof 18 16. (Burist, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory which Clash Clash	Where did Injury occur?
Location Insufferland	Injured at home, farm, industry, public place (where?)
18. Funeral director. Lama Stern Inc	Means of Injury Injured at work?
Address Cumbisland M. A.	23. SIGNATURB: Bacley Augustes M. D. or other
(Date rec'd by registrar)	Address lember tand Md Date signed 12/24/4



correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information cars

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159) CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Allegany City or town Cumberland (If outside city or town timits, write RURAL and give nearest town) Street No. 4.18 Springdale Street (If rural, give LOCATION) 2.(a) It veteran, name war 3. (b) Social Security Number None		
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATH December 6, 19.46.21 8:20A M		
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Sirth date of	and that I last saw h		
8. AGE: Years Months Days It less than one day O 0 17hrs. min.	Immediate cause of death OURATION		
9. Birthplace	Due to		
13. Birthpiace Maryland	(Include pregnancy within 3 months of death)		
14. Malden name Juanita Roby 15. Birthplace Maryland 16. Intermant Allegany Hospital	Major findings of operations. Date of op.		
16. Informant Allegany Hospital Address 215 Decatur Street	Antopsy results		
Burial 17 Burial Date thereof Dec. 7, 1946 18 Cemelery or cremalory Robey Cemetery (Family)	22. VfOLENCE: tf death was due to external causes, till in the tollowing: Accident, suicide, or homicide		
Location Near Little Orleans Md.	Injured at home, farm, industry, public place (where?)		
	Moans of Injury Injured at work?		
16. Funeral director. Charles L. George Address Cumberland Md.	23. SIGNATURE M. D. or other		
19/2/6/46 19 J - Pranklin M. Registrar	2-6-66		

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2411 N. Charles St., Baltimore 830

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1. PLACE OF DE				11	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county						
City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)					state Maryland county Allegany	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)		
How long in above place Hospital, Institution, or	e of death?	dooth annurred				
Mospital, Institution, of	CONTENT HOS	nital	•		Street No. 55 Greene Street	
A.L.L.S	2 C. WHY W. S.	hours	~		(if rural, give LOCATION)	
How long in hospital o		/110.01	D		2.(a) If veteran, name war	
3. (a) FULL NAM	E				3. (b) Social Security Number	
		Thoma	s T. Gray		218-16-2831	
4. Sex	5. Color or race	8.(a)Single	, married, widowed, or divorced		MEDICAL CERTIFICATION	
Male	White	Mar	ried		20. DATE OF DEATH December 26, 19 46 at 10 A.	
	3.5				21. I CERTIFY that death occurred on the dato above stated; that I attended doceased from	
6.(b) Name of husband	or wife	. y	••••••••••••••••		1 A.M. 26 Bel. 1946 10 10 A.M. DQ-10 46	
**************************	**************	6.(0) If alive, give age	years		
7. Birth date of deceased (mo., day,	v) Anr	1 13,	1887		and that I last saw h	
8. AGE: Year		Days	If tess than one day		Immediate cause of death DURATION	
50	9 8	23	hrs.	min.	Ceretial Henrituge 11 hom	
					Duo to enternil Grantensia, was	
9. BirthplaceIVL	aryland (Town	, county, and a	tate)		Duo 10	
10 Houst securation	Jani to	•				
	ss Potoma				Due to	
11. Industry or busines	ss PO COMPA					
12. NameT.	homas J	eay			Other conditions	
12. Name	d.	1			(Include pregnancy within 3 months of death)	
	Lettie	Chanev	(100,)			
E 14. inaluen name.		,	••••••••••••••		Major findings of operations	
	Md.					
16. Intermant	Allegany	Hospi	tal		Antopsy results. O. M. Heave underline the cause to which death should be charged statistically.	
Address	215 Deca	tur St	reet			
Bun	ial		Dec. 30 194	16	22. VIOLENCE: If death was due to extornal causes, fill in the following;	
(Burial, cremation	n, or removal, Which	Date thore	(month) (day) (ye	ar)	Accident, suicide, or homicide	
Cemotery or cromat	St. 9	atric	ps Cem.		Whera did injury occur?	
cemplery of cromat	0	1.0-	1 10-01			
Location	Oun	oe, ca	ia, ma	*********	tnjured at homo, farm, Industry, public placo (where?)	
18. Funeral director	10 tran	les 1	- George		Maans of injury Injured at work?	
	10-	he for	and had		10 4 1/	
Address	Munin	17)10 may 11		23. SIGNATURE W. A Va leura M. D. or other	
10 Klec.	28 1946	X	Dorande	(C)	M. D. or other M. D. or other Bata signed 24 Rec.	
19.		//~		agrictros	Boto signed	

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UNFADING INK. Supply every item of information carefully. The correct age tant. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH 💥

2411 N. Charles St., Baltimore (954)

11665

CERTIFICATE OF DEATH

1. PLACE OF DEATH County	Street No. 3 5 (Ifeural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Cohristina Wa	3. (b) Social Security Number
7. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fernal Lingle	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sec. 30 1946 at 9 30 1
S,(b) Name of husband or wife	21. CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of S. (c) If alive, give age years	and that I last saw believe on Rele 2 9 1946
deceased (mo., day, yr.) 2 m 4. 8 7 4 8 AGE: Years Months Days If less than one day	Immediate states of death
8. AGE: Years Months Days If less than one day 72 3 mass 28hrsmjn.	Che Myoradus 6 mi
B. Birthplace (Town, eounty, and prate)	Due to.
10. Usual occupation	Due to
12. Name Jack Dandel	Dther conditions
14. Malden name Charles Indianal 15. Birthplace Treduction Indianal 16. Informant Indianal In	(Include pregnancy within 3 months of death)
\$ 15. Birthplace Trederick ma	Date of op.
	Autopsy results
Address 1/06 Oldton Pd. Gumbeslan 17 Bural Date thereof 1 - 2 - 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Location Lyd	tnjured at home, farm, industry, pub ¹ c place (where?)
18. Funeral director.	Means of Injury Injured at work?
Address That I have the face	23. SIGNATURE AND AND OF OTHER
(Date rec'd by registrar) Registrar	Address / 12 Lucy Millorit organist -2-47

JAN 4 1947
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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles S

t.,	Baltimore	11

11633

CERTIFICAT	TE OF DEATH Reg. Dist. No			
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	City or town CUMBERLAND (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Sireei No. 702 FREDERICK ST., (If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME BABY BOY HANSEL William Byron H	3. (b) Social Security Number			
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
MALE WHITE INFANT	2D, DATE OF DEATHDECEMBER 11 19.46			
7. Birth date of deceased (mo., day, yr.) DEC 9, 1946	and that I last saw how allve on Dec 1/ 1/2 19 19 19 DURATION			
8. AGE: Yeare Months Days If less than one day 1	Prematurity 7			
9. Birthplace	Due to			
11. Industry or business				
12. Name OLIVER HANSEL 13. Birthplace MD	Other conditions			
14. Maiden name JUNE PEEBLES 15. Birthplace MD.	(Include pregnancy within 3 months of death) Major findings of operations			
	Date of op.			
18. Informant Oliver Honsel Address 702 Frederick St, Comberland, Md.	Autopsy results			
Burial, cremation, or removal. Which?) Bate thereof De certain 12,1946. (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide			
Cemetery or crematory St. Lukes Lutheran Cametery	Where did injury occur?			
Location Cumberland, Md.	Injured at home, tarm, Industry, public place (where?)			
18. Funeral director	Means of Injury Injured at work?			
Address enfethered mid.	23. SIGNATURE Megh Reynolds M.D. or other			

Registrar

DEC 18 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

rive nearest town)

curity Number

	ě /	Neg. Dist.						
n carefully. The correcarly and legibly.	legib	How long In above place Hospital, Institution, or	Derland Derland Dutside eity or town le of death? Sireel address where		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. County Allegar City or town Cumberland (If outside city or town limits, write RURAL and Street No. 135 Bedfard St. (If rural, give LOCATION) 2.(a) It veteran, name war.			
	ormati	3.(a) FULL NAM		alie Harvey		3. (b) Social Se		
	info	4, Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATIO		
NG	m of	Female	White	Married	20. DATE OF DEATH Dec. 4	19		
5	II I							

7. Birth date of November 29, 1910 deceased (mo., day, yr.) 8. AGE: Years 36

9. Birthplace Baltimore Mary land
(Town, county, and state) 10. Usual occupation House wite

11. Industry or business

6.(b) Name of husband or wite Harry Harrey

12. Name Adilliam Thamas

13. Birthplace Frost burg, Mary land 14. Maiden name Noney Bell Workman

14. Maiden name Nancy Della Mory land
15. Birthplace Frostburg, Mory land

Address 422 Baltimare Ave., Cumperland, Md. Date thereof December 8, 1946 (month) (day) (year)

Cemetery or crematory Rase Hill Cometery

1B. Funeral director ...

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

'DURATION Immediaio cause of death ... Coronary sclerosis and at insufficiency once: Que to Alcohlism several

years

(Include pregnancy within 3 months of death)

Major findings of operations

PHYSICIAN: Please ooderline the caose to which death should be charged statistically. 22. VIOLENCE: tf death was due to external causes, till in the following:

Accident, sulcide, or homicide.....

Whers did injury occur? (City or town)

Injured at home, farm, Industry, public place (where?)

Misens of Injury

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ADING INK. Supply every in Physicians: please write the

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61)

CERTIFICATE OF DEATH

Dr Wolverton, Jr

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	state Maryland county Allegany
City or town	City or town (If outside eity or town limits, write RURAL and give nearest town)
How long in above place of death? 22 years	
Hospilal, Institution, or street address where death occurred: 310 Pratt St.	Street No. 310 Pratt St
How long in hospital or institution?	2.(0) If veteran, name war.
3. (a) FULL NAME	
	3. (b) Social Security Number
Irene Harvey 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	NEDICAL CEDEVICATION
	MEDICAL CERTIFICATION44
Female White Married	20. DATE OF DEATH December 31 19 48 , al 3:158 N
6.(b) Name of husband or wife Harley W. Harvey	21. I CERTIFY that death occurred on the date above stated; that I affinded deceased from
54	april 29 1846 10 December 3/ 1946
7. Birth date of deceased (mo., day, yr.) March 16, 1822	and that I last saw h. e. alive on Cac 15 19.46
8. AGE: Years Months Days If less than one day	Immediain cause of death
54 9 15min.	Cerebral Kemontoge 15 min
	II to a second second second
s. Birthplace Elk Garden, Mineral, W. Va.	Oue to Nygell Marie Carlos
1D. Usual occupation domestib	
11. Industry or business OWN home	Due to
	Other conditions Clabety me Oto 10 squa
Philmore White 12. Name Philmore White 13. Birthplace Elk Garden, W. Va.	
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
14. Malden name Elizabeth Ross 15. Birthplace Lonaconing, Maryland	Date of op
16. Informant	Antopsy results
Address 310 Pratt St, Luke, Md.	
Burial Burial Date Ihereof 2 Jan 1947 (Burial, eremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
	Accident, suicide, or homicide
Cemetery or crematory Philos Cemetery	Where did injury occur?
Location Westernport, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Fllsworth S. Boal	Means of Injury Injured at work?
Address Westernport, Maryland	Camas Wellphing to by MK
	23. SIGNATURE M. D. or other
19 Jan, 2 1849 John Maker M.	Jum / Pridage & (1). La por signal ten 20191

JAN 3 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N

ı.	Charles	St.,	Baltimore	6
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CERTI	FICATE	OF	DEATH

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eg.	Dist.	No.	4	1

		CERTIFICAT	TE OF DEATH Reg. Dist. No.	40
1. PLACE OF DEATH: County Allegany			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town 19 H	arrison S	t. Cumberland Md.	state Md county Allegan	
			City or town Cresap Park (If outside city or town limits, write RURAL and give	e nearest town)
Nospital, Institution, or	street address where d	eath occupred:	Street No.	***************************************
7			(If rural, give LOCATION) 2.(α) If veteran, name war	
3. (a) FULL NAME			3. (b) Social Secur	
			220-10	
Robe:	rt S. Har	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white	married	2D. DATE OF DEATH Dec. 7	
6.(b) Name of husband			21. I CERTIFY that death occurred on the date above stated; that I attended	
7 Bl. 1 data of	•••••	6.(c) If alive, give age 7.6 years	and that I last saw him _Dead Dec. 7	
7. Birth date of deceased (mo., day, y	- The second sec		Immediate case of death	
8. AGE: Years		Days If less than one day	Coronary occlusion	at
77	10	/2hrsmin.		once
9. Birthplace Scotland (Town, county, and state)		/	Due fo Arterio-sclerosis	********
		dunty, and state,		*******
1 001			Due to	***************************************
f1. Industry or business		5. Harrey	Differ conditions.	
12. Name	5co+1			
		616204	(Include pregnancy within 8 months of death)	3
HOW 14. Malden name	3e07		Major fiodiogs of operations	
			Date of op	
	hn Har	1, ,	Actorsy results	rged statistically.
Address 7/6	C St. N.E	. Washington, D.C.	22. VIOLENCE: If death was due to external causes, fill in the following:	
11. Burial cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)		Date thereof. December 9, 1946 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Allegany Cemetery		/	Where did injury occur?	(State)
The second second second	. 4	~ · ~	Injured at home, farm, Industry, public place (where?)	
Location Frant grant grant Mai		1111	Means of Injury Injured at work?	The state of the s
	Jo Tuis		Deputy medical Examiner - A.	Hegany CL.
Address C.	mbuffe	well teld,	23. SIGNATURE H. V. Deming M. D. H. L.	D, or other
19. Dec. 9.	1946	J. P. Granklen, M. O.	Address Comberland 7412 Date sig	
(Date rec'd by fer	gistrar)	Registrar	Address. A Date sig	neu /

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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ANFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly

PLAINLY, WITH UNF is especially important.

WRITE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

11637

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Reg.	Diat.	No.	

. PLACE OF DEATH		у	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	F DECEASED:	
ity or town 50 N.C. (If outside	enter S	t. Cumberland Md. tts, write RURAL and give nearest town)	State Md.a Country or town Cumberland (17 outside city or town limits		
lospital, Institution, or stree	enter	ath Sccurred	streef No. 50. N. Center St	LOCATION)	
	tution?		2.(a) If veleran, name war		
Ros	a Beckm	an HAYDEN		3. (b) Social Security	Number
	Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION.	4-4-20
Female	white	MARRIED	20. DATE OF DEATH De.C. 28	19.46	about 30Pm
		ARY HAYDEN	21. I CERTIFY that death occurred on the date abo		
7. Birth date of	0		and that I last saw her alread De	c. 29	19.46
deceased (mo., day, yr.) R. AGE: Years	Months	Days If less than one day	Immediate cause of death		
o. Ade.	Moditins		Myocarditis	***************************************	
66	6	26hrs. min.		***************************************	months
9. Birthplace	(Town, co	unty, and state)	Due 10		
10. Usual occupation	tassel	3	Bue 10		*************************
	kast	Beshman	Diher conditions		
13. Birthplace	athers	re breister	(Include pregnancy within 3 n		
15. Birthplace		Ind.	Major findings of operations		
	0	canan.	Autopsy results	nich death should he charged	statistically.
Address 7	Oruma	Meland	22. VIOLENCE: If death was due to external cau		
(Burial, cremation, or i	removal, Which?)	Date thereof (month) (day) (year)	Accident, suicide, or homicide		***************************************
Cemetery or crematory	Ismay	Ludheran Olms.	Where did injury occur?(City or town)		
Location	estelle	· All In	Injured at home, farm, industry, public place (wi	Injured at work?	
18. Funeral director		O William J. Mel	Deputy Medical Fi	A - A	Hegaby C
Address	- 11	implent.	23. SIGNATUREH.V. Deming	M.D. H. V. D.	or other
Date rec'd by registr.	1 _{r)} 19 46	J. Franklin, M. L. Registrar	Address Cantuland	-	4

JAN 3 1947
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VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALT
MILLINIA I PULLIAN	DIVIT	DEI WILLIAM	OI.	ALLEGELIA

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: allegans	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State md county allegary
City or town	City or town
How long in above place of death?	Street No. 136 Center
136 Center Pt	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Wom Leslie Dece	3. (b) Social Security Number 213-05-7155
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
III W married	20. DATE OF DEATH Dec 29 19#6 21 9 4 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
6.(c) If alive, give age 4. 74 years	Dec 2 1946 10 Dec 29 1946.
7. Birth date of deceased (mo., day, yr.) and 7 - 1900	and that I last eaw harmalive on 1944
8. AGE: Years Months Days It less than one day	Immedia; cause of death
46, 4 22hrsmin.	
9. Birthplace Huffman -alleg - ma,	Oue to.
(Town, county, and attre)	Okr myscaideles / yx:
1D. Usual occupation.	Due to
11. Industry or Assings C. Y. W. Start Start Co.	
12. Names has Wm Kendley 13. Artholace Bugling	Diher conditions
× / / /	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiadings of operations
15. Birthplace	Date of op.
16. Informant	Autopsy results
Address Seelly mg	*22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal, Whigh?)	Accident, suicide, or homicide
Cametery or cramping allegang	Where did injury occur?
2 . All and	Injured at home, farm, Industry, public place (where?)
1000	Means of Injury Injured at work?
18. Funeral director	12 Amc Land & (m)
Address (Jacobburg	23. SIGNATURE
19. 12-31 19 £6 Mus Mauly N-Role Registrar	Address Anthury MI Date signed 2-31-4-6



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BIE

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Reg. Diat. No.

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1	ſ		E.,

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	State Maryland County Allegany
Clity or town Cumberland Maryland (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Life time	City or town
Hospital, Institution, or street address where death occurred:	Street No. 959 Glenwood Street
Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. Maffett Hendrickson	214-05-6398
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE DF DEATH December 8 19.46 213:55 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from
6.(0) Name of nuseand of wife	19 E cereby J- 19 46 to Dec 8 19 46
T. Birth date ot	and that I last saw h alive on last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Tygenia ?
69 4 24nrsmin.	anus 3deys.
9. Birthplace Maryland (Town, county, and state)	Due to Chaque Reffuel gram-
	endarbeeplagues ??
1D. Usual occupation	Due to
11. Industry or business W. R. Rice Grocery Store	
12. NameJohn Hendrickson	Other conditions Destrol organish themes
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Maiden name. Sarah Gordon	
14. Maiden name Sarah Gordon 15. Birthplace Maryland	Major findings ol operations
16. Informant Kemorial Hospital	Actopsy results
Address Cumberland, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial cremation, or removal Which?) Date thereof December 11, 1946 (month) (day) (year)	Accident, suicide, or homicide
(201)	
Cemetery or crematory Union Grave Cemetery	Where did injury occur?
Location Near Cumberland Md	Injured at home, farm, industry, public place (where?)
18. Funeral director Authors following	Maana of Injury Injured at work?
Address Constituted Tud	23. SIGNATURE
19 De C. 11, 19 46, J. Tranklin M.	Address 15 & Le GE A D1. Date signed 21 0/46

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MARYLAND STATE DEPARTMENT OF HEALTH

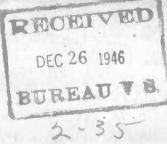
2411 N. Charles St., Baltimore 121

CERTIFICATE OF DEATH

		1000	CERTIFICA	Reg. Dist. No.
1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) RI W VA MTNERAT.
City or town				State W. VA. County MINERAL City or town RID GELEY (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or str MEMOR	reet address where	PITAL	l:	Street No. 35 KNOBLEY ST. (If rural, give LOCATION)
How long in hospital or in	stitution?	2 DAY	S	2.(a) If veteran, name war
3. (a) FULL NAME		- 40 %		3. (b) Social Security Number
HERSHBERG		RENCE	MRS.	None
4. Sex	. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE	WHITE	MAR	RIED	20. OATE OF DEATH DEC. 18 19 46 217:15A
	•••••••	6.(HERSHBERGER c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 1. to
8. AGE: Years	Months	Days	It less than one day	Brown Menoria Idey.
55	8	12	hrs. min.	
11. Industry or business	WFE	*****************	state)	7
		~~T TT ^T	TO THE	(Include pregnancy within 3 months of death)
HE 14. Maiden name			SEN	Major findings of operations.
≥ 15. Birthplace	W.VA.	•		Oate of op
Address CUI	BERLANI al r removal. Which	Oate the	reot 12/21/46 (month) (day) (year)	Autopsy results
Cemetery or crematory			ial Cemetery	
Location			d • 1.2	Injured at home, farm, industry, public place (where?) Means of injury Occidental Euronal. Injured at work?
18. Funeral director	Wil	liam H	. Kight	means of injury weckaemac inverse.
Address	Cumbe	rland.	Md.	23 SIGNATURE B, M, Achangler ng,
19. (Date rec'd by regis	9 19 46 strar)	J	P. Franklin M. o.	M. D. or other 64./94

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and AMARGIN RESERVED FOR BINDING 9-45-15M PLEASE

A15 NS golde Self



every item of information carefully. The correct age ite the causes of death clearly and legibly. WITH UNFADING INK. Supply ever important. Physicians: please write

PLAINLY, WITH UNF is especially important.

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PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1246)

CERTIFICATE OF DEATH

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*	7	1641	
			1

-	11641
Reg.	Dist. No

1. PLACE OF DE	ATH:	legan	77		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
7 7 7				State Maryland couoty Allegany		
City or town			RAL and give nearest		*********	
How long in shows place	of death?	Days	B		City or town Cumberland (If outside city or town limits, write RURAL and give nearest t	own)
Hospital, institution, or	street address where d	eath occurred:			Sireet No. 114 S. Smallwood St.	
All	egany Hos	pital			(If rural, give LOCATION)	
How long in hospital or	Institution?		***************************************		2.(a) If veteran, name war	
3. (a) FULL NAMI					3. (b) Social Security Num	er
			. Hockman		214-05-5002	
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divor	ced	MEDICAL CERTIFICATION	
Male	White	M	arried		20. DATE OF DEATH Securities 16. 19 46. at 1	HOP
	or wife Nelli				21. I CERTIFY that drah occurred on the date above stated, that I attended deceased to	om
	***************************************	6,(c)	If alive, give age	years	The state of the s	
7. Birth date of deceased (mo., day, y	Sept.	23,	1894			
8. AGE: Years		Days	If less than one day		Immediate cause of death	DURATION
52	2	23	hrs.	min.	Manda	
					900	
9. Birthplace	rantsvill	Ounty, and at	e		Due to Melliones of Jewer	••••••
10. Usual occupation					Due to	
		ity E	rewing co	•		
里 12. Name	Henry Hoc	kman			Other conditions	
12. Name	Maryland '	0			(Include pregnancy within 3 months of death)	
	Catherin	e Fro	st			
Ta. maiden name.	f = 1 ~ ~ A				Major findings of operations	
≥ 15. Birthplace	marviand				Date of op	
16. informant	s. Nellie	Hock	man		Autopsy results.	
Address 114	S. Smallw	loodd	St. Cumbe	rland	PHYSICIAN: Please underline the cause to which death should be charged statist	cany.
					22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation	or removal. Which?)	Date there	Dec. 19,1	(year)	Accident, suicide, or homicide	
Cemetery or cremato	st. I	Patric	ks Cem.		Where did injury occur?	te)
Location Cumberland, Md.					Injured at home, farm, industry, public place (where?)	
10 Eugeral director	Charle	s L.	George		Msans of Injury tnjured at work?	
Address	Cumber				79.0 01 t. 9	30X
^		0	0 ± 11	on 1	23. SIGNATURE M. D. of oth	0
19. (Date rec'd by re	9 19 46 gistrar)	. X. 1	. Vauklin,	Registrar	Address Comberland Md Daie signed 12	7,6/,/

DEC 26 1946
BUREAU V 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

1164240 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County allegary	
City or town	State Md County Allegany
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 327 Pennsylvania Ave.
Inemorial Hospital	(If rural, give LOCATION)
How long in hospital or Institution? Time success	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
meno margaret Huff.	Port
4. Sex 5. Color or rate 6.(a) Single, married, idowed, or divorced	MEDICAL CERTIFICATION
Temale White widowed	20. DATE OF DEATH Dec 23 1946 at 1210 PM
6.(6) Name of husband or wife Milton L. Huffs	21. I CERTIFY that death occurred on the date above stated; that attended decreased from
	1/2 Muy 10 17 1846. 10 Selenta 23 126.
7. Birth date of years	and that I last saw here alive on Rocceller 2 7 19 46
deceased (mo., day, yr.) Quy /3 - 1873	Immediate cause of death
8. AGE: Years Months Bays If less than one day	JA, Janes JA, Janes Jane
13	Eurous Puyoca aura 2 years
9. Birthplace Versa atta War (Town, county, and state)	Due to
Horne	
The state of	Due to
11. Industry or business	
12. Name Samuel Messenger 13. Birthplace West Virginia	Dther conditions
	(Include prognancy within 3 months of death)
14. Maiden name Mary Braham	Major findings of operations.
15. Birthplace West Virgunia	Major indings of operations. Date of op.
The Market Strands	Autopsy results.
16. Informant MASA STANTIES SEASON	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Noull 4 6 Counterland and	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Bate thereof Dic 26, 1946.	Accident, suicide, or homicide
7100 + 6	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Cumberland and	Injured at home, farm, Industry, public place (where?)
18. Funeral director John J. Hafer	Means of Injury Injured at work?
0000	TT brock. hex
Address winherland ma	23. SIGNATURE. M. D. or other
10lec- 26 1946 XI. Nauklin Mo	De Leader Orand 148 12-2 7-41.
(Date ree'd by registrar) (Legistrar)	Address Date signed Z

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ADING INK. Supply every item of information carefully. The copplysicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF. is especially important.

9-45-15M

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PLEASE

JAN 1-1947 BUREAU V 8 UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-C

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Rog.	Dist.	No.	6	0	

CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town about Route 36 How long in above place Hospital, institution, or	t 1/2 mil outside eity or town lin of death? street address where (mits, write Ri	t of Mc CcoleM JRAL and give nearest town)	Country or town Piedmont (If outside city or town limits Street No. 2 Pearl St. (If rural, give 2.(a) if veteran, name war. World.	s, write RURAL and give ne	
How long in hospital o 3.(a) FULL NAM	r Institution?	***************************************		2.(a) 11 veteran, name war	3. (b) Social Security	
James H					235-30-	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
male	white	ale	usle	20. DATE OF DEATH Dec 5	19 46	12.25A
	or wite			21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dec	eased trom
7. Birth date of	***************************************	6.(0) thalive, give ageyears	and that I last saw h im alive Dead	Dec. 5	19. 4.6.
deceased (mo., day,						
8. AGE: Year		Days	it less than one day	Immediais cause of death	e of the	at
22	8	20	hrs min.	neck and lumber re	egion	once
9. Birthplace Westernport, Allegany, Md.			egany, Md.	Due to	***************************************	***
10. Usual occupation.	Machi	he Ope	erator	Due to.		
11. Industry or busines	w. Va.	Pulp 8	Paper Co.			
留 12. Name	James W Vale Su	Hugh	nes	Other conditionsAbd.ominalh	emorrhage	
13. Birthplace	Vale Sur	mmitt,	Md.	(Include pregnancy within 3 r	months of death)	
# 14. Malden name	Josephin	ne O'I	leill	Major fiedings of operations		
14. Malden name 15. Birthplace	Blooming			Major neglags of operations.		
		. ,	thes	Antopsy results		
			***	PHYSICIAN: Please ooderline the caose to wi	bich death should be charged	l statistically.
Address Poedmont, W. Va. 17. Burial Date thereot December 7, 1 (Burial, cremation, or removal. Which?) Cemetery or crematory St Peters Cemetery				22. VIOLENCE: tt death was due to external cau Accident, suicide, or homicide	ngleallegar	ec. 5-46 y Md.
Location Westernport, Maryland				injured at home, farm, industry, public place (w	here?) Route Sc	
	Ellswo			Means of injury Automobile a	CC1CADT work?	legany ti
Address			Maryland	23. SIGNATURE H. V. Deming M	.D. H.V.D.	Low min
19. Det 7 19. 46 Maynbaker M.D. (Date ree'd by registrar)				Address Combulad	ш, и	of order

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-0

See A	CERTIFICAT	CE OF DEATH
on carefully. The correctlearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. County County County (If outside by or town limits, write RUKAL and give nearest town) Street No. Office (If rural, give LOCATION)
	How long In hospital or inetitution?	2.(a) If veteran, name war
information of death	3. (a) FULL NAME mary Dell Dr	3. (b) Social Security Number
	Female Mutte Prassied	MEDICAL CERTIFICATION 20. DATE OF DEATH. LC 10 19 46 21 11 15 4
OR BINDING every item of ite the causes	8,(b) Name of hueband er wite. Ask Ostonomy. 6,(c) If alive, give age	21. LCERTIFY that death occurred on the date above stated: that I attended decaaeed from
F F	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days 9 If lees than ena day Months Mo	Immediair course of death Cereles of / Venuartur ge 3 411
H . C	9. Birthplace	Due to Osterio School 10 ym
ARGIN RESE	11. Industry or businese at Home! 12. Name Denton Busy 13. Birthplace	Other conditions
VITH UNI	13. Birthplace Hand 14. Maiden name Jannah Wolford 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
Y, V	16. Intermant Usa Jamo	Autopsy results
PLAINLY, is especially	Address 17. Burisl (Burial, cremation, or removal. Which?) Bate thereof Durisl (month) (day) (year)	22. VIOLENCE: tt death was due to external causes, till in the following: Accident, suicide, or homicide
9.45-15	Location Sembersund	Where did Injury occur?
VS A15	18. Funeral director Long Stum Inc.	Maane of Injury Injured at work?
VS A	19 Dec /3, 1946 J. Porauklin, M.D. Registrar	23. SIGNATURE M. D. or other M. D. or other Address. M. D. or other Address.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6

CERTIFICATE OF DEATH

11644

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allgany	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	(1f outside city or sown limits, write RURAA and give near (se town)
Hospital, Institution, or street address where death occurred:	Street No. Frostling Isla.
Miners Of orphal	(If rural, giv LOCATION)
How long In hospital or Institution? 1. 10 My	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jaymond y. Je	corser Sv.
4. Sex 5 (10) of act (10) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
male married	20, DATE OF DEATH December 29 19 46 of 11 77: M
Talia lanco	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife. A Common	December 19 19 46 10 Dec - 29 1946
7. Birth date of	and that I last saw h / M. alive on December 29 1946
deceased (mo., day, yr.) fully 21 - 1890	Immediate cause of death
8. AGE: Years Months Days If less than one day	A
56 56 7 hrs. min.	Carcinoma & Stomach Juliane
9. Birthplace Isesthing allegany Ind	Due to
(Town equity and state)	- A - A - A - A - A - A - A - A - A - A
10. Usual occupation.	Due to Unones bronclutes 5 years.
11. Industry or business	
12. Name la la faction de la f	Other conditions
13. Birthplace Treffflery	
# 14. Maiden name Danie Colar tore	(Include pregnancy within 3 months of death)
15. Birthplace Frostfridg, my	Major findings of operations.
2 15. Birriplace Statistics, 1	Date of op.
16. Informant Dec Cappy Control San Jan Jan Jan Jan Jan Jan Jan Jan Jan J	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 67 Sant Ud. Thesthey mo	22. VIOLENCE: It death was due to external causes, fill in the following;
17 Burial Date thereot / - 2 - 1/4 47	Accident, suicide, or homicide.
(Burial, cremation, or removal, Which?) (month) (1995) (year)	
Cemetery or crematory Alleguay Cemetery	Where did injury occur?
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Msens of injury Injured at work?
Address Throathura Max.	B.C. Dioled M. D.
12 3. W Valer Al Ale	23. SIGNATURE M. D. or other
19. 12 — 19. 10 Mus Mally 14. Registrar (Date red by registrar)	Address Frostling M. Date signed 173/66



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

-4-				11	()
100	Reg.	Diat.	No.	7	<u> </u>

1. PLACE OF DEATE	4 10 0	eonny		State Maryland County Allegany			
County							
City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)				City or town 10 As Cumberland	Nurel		
How long in above place of d			I	City or town I Cumberland	write RURAL and give neares lown)		
			e	Street No. (If rurnl, give	mergend Notac (1.		
			**************************************		LOCATION)		
3. (a) FULL NAME	THE THE PARTY OF T			2.(0) Il teletali, maille wal	3. (b) Social Security Number		
J. (a) POLL NAME		. 217					
4. Sex 5.	Color or race		dlow Jenkins e, married, widowed, or divorced		None		
		0.(0)01161			ERTIFICATION		
Female	White		Married		31 19.46 at 3-25 R		
6.(b) Name of husband or w	viteLis	e H. J	enkins	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from		
***************************************		6.(4	e) If alive, give age7.5years		130/46		
7. Birth date of deceased (mo., day, yr.)	Jamus	ry 31	1873		lie-renal DURATION		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DUNATION		
73	11	0	hrsmin.				
9. Birthplace Cumbe	erland,	llegar	y Co, Maryland	Due to			
10. Usual occupation							
	•••••	**		Due fo			
11. Industry or business	Coorgo	Ha f fme	n	Piper conditions On les 18 sellevis			
E		erland,		(Include pregnancy within 3 months of death)			
14. Maiden name				Major findings of operations			
≥ 15. Birthplace	Chat	anooga	Tenn	Autopsy results			
16. Informant	Mrs. Mabe	1 Schw	ra.b.				
Address 11 Rid	geway Ter	er . Cumb	erland. Md.				
				22. VIOLENCE: If death was due to external cau			
17Buria	removal, Whieh?	Date there	eof 1/3/47 (month) (day) (year)	Accident, suicide, or homicide			
			Cemetery	Where did Injury occur?			
Location	ural)	Cumbe	rland, Md.	Injured at home, farm, Industry, public place (w	here?)		
			Kight	Means of Injury	Injured at work?		
Address	Cumber	rland,	Md.	V/A osh	1		
10 /2 / 2	10 4 7	8.1	Franklin M.D.	23. SIGNATURE	M. D. or other		
19. (Date fee'd by registrar) 19. 4. 7. Nauklin, M.D. Registrar				Address 22 Dedord M Date signed 1/47			



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

11646 Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State		
Miss Vivla Kealer	3. (b) Social Security Number		
Lemale Mite Single, married, videwell, or flored	MEDICAL CERTIFICATION 20. DATE OF DEATH 1946 of 6 1 m		
8.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
deceased (mo., day, yr.)	and that I last saw h. Shigative on 1844. Immediate cause of depth. DURATION		
8. AGE: Years Mooths Days It less than one day	Immediate cause of depth DURATION		
62hrsmin.	Chronic _ 2750		
8. Birthplace (Town, county, and state) garany set, Ma	Coue to Mes Cas Selso		
10. Usual occupation A Male Market 11. Industry or bostoges I from I	Bue to		
12. Name Sevale Walters	Dither conditions		
14. Malden pame Dolly Lager	(Include pregnancy within 8 months of death) Major findings of operations.		
\$ 15. Birthplace Wordland Had			
18. Informant Servey Williams	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 17. Banka (Max. Max. Max. Max. Max. Max. Max. Max.	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) (mouth) (day) (year) Cometery or crematory	Where did injury occur?		
Location Frostburgt md	Injured at home, farm, todustry, public place (where?)		
18. Funeral director W. Blancon	Means of Injury Injured at work?		
Address Lxmaloning Man	1 My makane with		
19. Noc/4 19.46 Jannette moral (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address Dell Della M. D. or other Address Della Della Manager M. D. or other		

DEC 20 1946

DEC 20 1946

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

	2411	N.	Charles	St.,	Balti	more	(13/0)
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	Ace Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eof/newborn infants give residence of mother)
County	State Marshand County allegany
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Mospiral, institution of street days well beautiful.	Street No. J. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, nama wsr.
3. (a) FULL NAME	3. (b) Social Security Number
Inchael J. Kea	705-10-7876
4.8ea 5. Color or race 6.(a) Single, married, whowed, or divorced	MEDICAL CERTIFICATION
male White Smale	2B. DATE OF DEATH WILE. 9 10 46 11 2 30 P
6.(b) Name of huaband or wifa	21. I CERTIFY that death occurred on the date above atated: that lattended daceased from
6.(c) If alive, give agoyears	19 FF 10 Dec 911 FC
7. Birth date of deceased (mo., day, yr.) July 27 1894	and that I last asw h
8. AGE: Yeara Months Days It less than ono day	Immediate Cause of death DURATION
52 4 12hramin.	a Common a C
9. Birthelece Counterland and	Trong Structut an
(Town, county, and state)	
10. Usual occupation. Jelegraph officialist	Due to.
11. Industry or business . M. M. d. K.R.	
12. Name Inthe All Sugard 13. Birthpiaca 9 respectively	Dither conditiona
	(Include pregnancy withing ponths of death)
He 14. Maiden name Anna Studdarh 8 15. Birthplace Orland.	Major fiedings of operations Mone
E 15. Birthplace Island	Bate of op. House
16. Informant Susse Wille Kear	Aotopsy results.
Address Cumberland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Smil Date thereot. 17 17 (Burisl, cremation, or remyry, Which?) Date thereot. (pg/nth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
the Patricks also	Accident, suicide, or homicide
Cemetery or crematery	Whera did tnjury occur?
Localion Complexing Ing	Injured at home, farm, industry, public place (where?)
18. Funeral director Armo Sleen Jane	Maena of Injury Injured at work?
Addregs Carmberland	The tribiliand
Deal 12 46 Detroublin M.A	23. SIGNATURE M. D. ocother
(Date rec'd by registrar)	Address Ambert and Dato algred 12.10.44

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DR. W.F. WILLIAMS

1. PLACE OF DEATH:

ALLEGANY

How long in hospital or instilution?. 3. (a) FULL NAME

MALE

7. Birth dats of deceased (mo., day, yr.)

8. AGE:

How long in above place of death?.....

Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL

5. Color or race

WHITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (370)

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CERTIFICATI	COED	EATH
CERTIFICATI	C OF D	LAIR

Γ	E OF DEATH Reg. Dist. No.
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	state MARYLAND COUNTY ALLEGANY
	(If outside city or town limits, write RURAL and give nearest town)
	Street No
	2.(a) If veleran, name war.
	3. (b) Social Security Number
1	MEDICAL CERTIFICATION
-	20. DATE OF DEATH DECEMBER 25 19 46 21 4:03 A.
	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from 19. 45. to
	Immedia cause of death Henry Lang DURATION
-	To Parame Hebbets &TJ.
	Due to
-	
-	Other conditions

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

(City or town)

1D. Usual occupation 11. Industry or business

(Town, county, and state)

MR. ELMER. R. KELLOUGH

CUMBERLAND, MD.

(If outside city or town limits, write RURAL and give nearest town) 30 mo

1 HOUR

6.(a) Single, married, widowed, or divorced

6.(c) If alive, give ageyear

If less than one day

MARRIED

14. Maiden na 15. Birthplace 14. Maiden name

MEMORIAL HOSPITAL 16. Informant.

CUMBERIAND MD Address

Cemetery or crematory...

18. Funeral director Alama

Address (Date rec'd by registrar

Injured at home, farm, Industry, public place (where?)

Accident, suicide, or homicide.....

Major findings of operations.

Whers did tnjury occur?

Means of Injury

(State)

(County)

WRITE SE VS



2411 N. Charles St., Baltimore 83-

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CERTIFICATE OF DEATH

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418	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
CountyALLEGANY	State MARYIAND County ALI-EGANY
City or town	
How long in above place of death? 17 do 1/5	City or town
Hospital, Institution, or street address where death occurred:	Street No.
MEMORIAL,	(If rurat, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
BIRD KISER	Hone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	20. DATE DE DEC. 29 1496 319:20 A M
8.(b) Name of hueband or wife BYRON Ha. KISER	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	12.12.19.46
7. Birth date of deceased (mo., dey, yr.) DEC. 27. 1883	and that I last saw h 2 alive on 2 - 19.4
8. AGE: Yeare Months Days If less than one day	Immediate ause of death
63 E 0 2hremin.	le of wal Throughon , 3
9. Birthplace W. VA.	when I
(10wh, county, and state)	Lower lised.
10. Usual occupation Hansenite	Busto arto rolls elesson
11. Industry or business Query Longe	
E 12. Name PATRICK DAYTUN	Other conditions
12. Name PATRICK DAYTUN 13. Birthplace W. VA	
14. Malden name AMANDA WAGONER	(Include pregnancy within 3 months of death)
10	Major findings of operations
	Date of op.
16. Informant By Kan King King King King King King King Kin	Antopsy results
Address Pinto, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial cremation, or removal. Which?) Bate thereof. Dec. 31, 1944 (month)/(day) (year)	Accident, eulcide, or homicide
Cometery or crematory Et. Ash by Cometary	Where did injury occur?
Location Ft. Ashby, W. Va.	Injured at home, farm, Industry, public ,place (where?)
19. Funeral director John John Son	Meane of Injury Injured 1 work?
Address Calebard Zud.	(A) 7. William
O D D D D D N	23. SIGNATURE M. D. Ser ether
19 Dec. 30 1946 J. 11 Vankley (11-1) (Date rec'd by registrat) Registrat	Address Churcherlandate signed 12:29:4
	7 16

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.— MARGIN RESERVED FOR BINDING WRITE PLEASE

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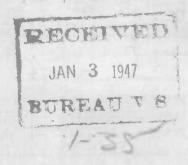
DR. GROVE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 747

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CERTIFICAT	E OF DEATH		
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
CITMBERLAND. MARYLAND. (If outside city or town limits, write RURAL and give nearest town)	State MARYLAND County ALLEGANY		
How long in above place of death?	City or town CRESAPTOWN (If outside city or town limits, write RURAL and give nearest town) Street No. WINCHESTER ROAD (If rural, give LOCATION)		
How long in hospital or institution? 3 DAYS	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
BABY GIRL KLEIN	Hore		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEMALE WHITE INFANT	2D. DATE DF DEATH		
S,(b) Name of husband or wifa	2) I CERTIFY that death occurred on the date above stated: that haftended deceased from 27, 19.46, 10.210.319.46.		
deceased (mo., dey, yr.) DEC 27 1946	Immediate cause of deaths.		
8. AGE: Years Months Days If less than one day	Temmagic disease A		
0 0 3mln.	to order on 3 Rays		
9. Birthplace	Due to		
10. Usual occupation Infant			
11. Industry or business	Due to		
12. NameHOWARDAKIJEIN	Dither conditions		
14. Malden name. MARGUERITE DONNELLY 15. Birthplace W.VA.	(Include pregnancy within 3 months of death)		
15. Birtholacs W.VA.	Major findings of operations. Date of op.		
16 Informant Howard a Klein Antopsy results.			
Address Eresablown Zud.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burnel Date thereof Sec 31, 1946 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicids, or homicide		
Cemetery or crematory Bethel Cemetery	Where did injury occur?		
Location Little Carcapon W.Da	Injured at home, farm, Industry, public place (whers?)		
18. Funeral director John D. Lafafer	Means of Injury tnjured at work?		
Address Centre Dand Ma.	2 6 Sumo m2		
19 Dec 30 19 46 J. F. Franklin, M. A. Registrar	Address Do Que Do Date signed 2 - 30 - 46		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 63-6 CEDTIFICATE OF DEATH

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			CERTIFICAT	Reg. Dist. N	io	
County Al				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town LaVa	TaVale, Cumberland Md.			State Md. county Alle		
				city or town Rural) LaVale, Cumberl	and	
Hospital, Institution, or st	reet address where i	leath occurred	<u>.</u>	Street No. Park Side Blvd.		
Parkside	Side Ave	e. La	Vale	(If rural, give LOCATION)		
How long in hospital or in	stitution?	.48648	***************************************	2.(a) It veteran, name war		
3. (a) FULL NAME	ala Wala	rina 1	Knippenberg	3. (b) Social Sec	curity Number	
4. Sex	. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	N	
Female	White	6	idowed.	20. DATE OF DEATH. Dec. 24	46 , 9 P.	
6.(b) Name of husband or	wite James	A. Kni	ppenberg	21. I CERTIFY that death occurred on the date above stated; that I attend	ed deceased from	
			19, 10			
7. Birth date of		27, I		and that I last saw h er allead Dec. 26		
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	It less than one day	Immediaic cause of death		
59	8	27	hrsmin.	Myocarditis	years	
9. Birthplace	dtown, "d	eounty, and	state)	Due to		
1D. Usual occupation	Housewif	е				
11. Industry or business			A 17	Due to		
	rad Shatz	er		Dither conditions Thyro-toxemia		
12. NameCon	Oldtown				years	
8			ls	(Include pregnancy within 3 months of death)		
14. Maiden name Sidney R. Danells 15. Birthplace Cldtown, Md.		Major findings of operations				
		Date of op)			
18. Informant Mrs. W.C. Somerville		Antopsy results				
tatana Tattala Md		22. VIOLENCE: If death was due to external causes, till in the following:				
		Accident, sulcide, or homicide				
				Where did Injury occur?		
				Injured at home, tarm, Industry, public place (where?)		
Location		Injured at home, tarm, industry, public place (wherer) Maens of injury Injured at work?				
18. Funeral director	ouis Stei	n Inc.			differenty Coll	
Address Cum	berland,	Md	1 / 1 : 3	A 23. SIGNATURE H. V. Deming M. D. H. V.	Daning Man	
Date rec'd by regis	7 19 46		Franklin M.L. Registrar	J. C. 10 1 2 1	M. D. O. O.	
(Date rec d by regit	, mil)	_(/	Z-OB locator	A CONTRACTOR OF THE CONTRACTOR		



Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (940) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Hospital, Institution, a street address where death occurred How long in hospital or institution? 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number informa MEDICAL CERTIFICATION FOR deceased (mo., day, yr.) Days 8. AGE: RESERVED 10. Usual occupation 11. Industry or business (Include pregnancy within 3 months of death) 15. Birthpiace PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide,..... Where did injury occur?(City or town) Injured at home, farm_ladustry, public place (where?) Injured at work? Meena of Injury M. D. or other Date signed.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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Reg. Dist. No. 4

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
County Cumberland City or town (If outside city or town limits, write RURAL and give nearest town)			State Md County Allegany			
				City or town. Cumberland (If outside city or town lim		
How long in above place	of death? 76	year	- \$	(If outside city or town lim	its, write RURAL and givs n	earest town)
Hospital, Institution, or	street address where	death occurred	Euroberland, Md.	Street No. 221 Baltimon		***************************************
	41		,		ve LOCATION)	
How long in hospital or			······································	2.(a) If veteran, name war		
3. (a) FULL NAME		115			3. (b) Social Security	y Number
	Thomas W				1 Thon	-
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL O	CERTIFICATION.	
Male	White	Ma	arried	20. DATE DE DEATH Dec. 5	19.4.6	
6,(b) Name of husband	or wite	ie Ho	14507	21. I CERTIFY that death occurred on the date a		
T Right date of		5.(0	c) If alive, give ageyears	and that I last saw h im a Doad I		
deceased (mo., day, y) Noven	iber 1	41810	42-47 1 777 1 110 1 1 1 1 1 1 1 1 1 1 1 1 1		
8. AGE: Years	Months	Days	If less than one day	Coronary thrombo	sis	at once
76	0	23	hrs min.		************************************	
a Riethniaca Ne	wberry 6	· 0. 5	(Carolina	Due to Arterio-sclero	sis and	severa
				vericose veins		years
	4/			Due to		****
11. Industry or business	Medica	1 Doc	tor		***************************************	****
				Dther conditions	***************************************	
	en berr	1 Co.	3, Carolina	(Include pregnancy within	3 months of death)	
H 14. Maiden name	Loura	7P. 50	ber 3. Corolina	Major findings of operations		
E Sirtheines A	lawharn	Co	5 Carolina	Major findings of operations.		
21 13. Bittaplace 29	11 7	1	0, 00,011-10	Autopsy results		QH H
				PHYSICIAN: Please underline the cause to	which death should be charge	d statistically.
Address Was 4	ing ton.	St. Cu	mberland, Md.	22. VIOLENCE: If death was due to external a		
17. Bor, 2	21	Dale there	ent December 8, 1946 (month) (day) (yeur)	Accident, suicide, or homicide		888888884048884448888888888888888888888
(Burial, eremation,	or removal. Which?	/ 14		Whare did injury occur?		
Cemetery or cremato	ry l. 50. 5. th. l. t. l. l. l.	LLava	soleum	1		(State)
Location Cent	nserla	70,1	7d,	Injured at home, farm, Industry, public place		
18. Funeral director	To her	Telfo	Lu	Means of injury	injured at work?	Hogany o
- /	Lebulde	- // //	zuch		-	
	,	-60	0 to 11. m)	23. SIGNATURE H. V. Deming.	M.D. 4. V. 42	o, or other
190 Vec. (0 19 46 gistrar)	X	. Wauklu !!!. A	Address Cambriland		
II (Date rec d by re	giostalf	//	Am Ban ca m	MARIESS CAMERATOR CONTRACTOR CONT	organ	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108)

CERTIFICATE OF DEATH

				108. 21.01 110	7
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	j-
				State Maryland County Handstoker	alou
City or town	mberland,	Md.	URAL and give nearest town)		J.W. V.
	e of death?			City or town Hancock, Maryland (If outside city or town limits, write RURAL and give nos	rest town)
Hospital, Institution, or	r street address where o	death occurred	:	Street No.	
Allegan	ny Hespital	215	Decatur St.	(If rural, give LOCATION)	/
How long in hospital o	or Institution?	l day		2.(a) If veteran, name war	
3. (a) FULL NAM	E			3. (b) Social Security	Number
Mr. Jos	seph Charle	s Land	ers	None	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	20
Male	White	Ma	rried	20. DATE OF DEATH 12-20 1946	1 8 P
6.(b) Name of husband	or wifeIda	Belle	Landers	21. I CERTIFY that death occurred on the date above stated; that I attended doce	ased from
			e) If alive, give age6.6years	December 19 19 He to Hacquis	30 19
7. Birth date of	T 7 0		7 1. 41.00	and that I last saw h	20 18 TS
deceased (mo., day,		Days	If less than one day	Instruction of death	DURATION
o. Adz.					
69	5	17	hrs. min.	Folos Cumeries	4 day
9. Birthplace	Maryland, H	ancock	Washington Co.	Due to.	
10. Usual occupation.	Farmer			. Due to	
11. Industry or busines	\$9			900 TV	
M 12 Name	Tosenh Land	erè	••••	Other conditions Muse water	197
12. Name			England		
			1	(Include pregnancy within 3 months of death)	U
14. Maiden name. 15. Birthplace				Major findings of operations	
🔀 15. Birthplace	Cecil	County	Maryland	Date of op	
16. Interment	Mrs Josep	h C La	nders	Antopsy results	**********************
Address	Rt 2. Hanc	nek M	6	PHYSICIAN: Please onderline the cause to which death should be charged	statistically.
				22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Bur 1	ie.1 n, or removal. Which?)	Date there	eof 12/24/46 (month) (day) (year)	Accident, suicide, or homicide	
	Raha		emetery	Where did Injury occur?	(3)
Cemetery or cremal					(State)
200211011			Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director			Bast	meens of injury injured at work?	1.
Address	Hanc	ock N	id.	an elements	MUIST
19 Dec)) 1946 egistrar)	1	Franklin, M. D.	23. SIGNATURE M. D. Address Address JUGate signature	of other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. LAARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

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Dint.	No.	7

CEDTIFICATE OF DEATH

			CERTIFIC	AIE OF DEATH	Reg. Dist.	No
1. PLACE OF DEA		************		2. USUAL RESIDENCE (H (For newborn infants give		
City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)			40100	County Allegany		
Hospital, Institution, or	street address where	death occurred	l:	sum No 319 Cumbe	or town limits, write RURAL and erland St. (If rural, give LOCATION)	
How long in hospital or				2.(a) If veteran, name war		
3. (a) FULL NAME	Frank Al	bert I	easure			ecurity Number 5-8472
4. Sex	5. Color or race		e, married, widowed, or divorced	MED	ICAL CERTIFICATION	
Male	White	Ma	rried	20. DATE OF DEATH.	1 17	1 20
6.(b) Name of husband	or wife Julia	Frant	Z	21. I CERTIFY that death occurred o	on the date above stated; that I atter	nded deceased from
T. Birth date of deceased (mo., day, yr	0 1 00		e) it alive, give age	and that I last saw he willive	" Dec 7	DURATION
8. AGE: Years 65	Months 1	Days 7	if less than one dayhrs.	. 0	III.	
9. Birthplace 1D. Usual occupation 11. thoustry or business	Sales Mg	r. CR	etirel)	Due to.	Lelen	
				Dther conditions		
13. Birthplace		Penn				
14. Maiden name	Agnes Ham	nilton			ney within 3 months of death)	
15. Birthplace		Penn	a.		Date of (
				Autopsy results	e cause Io which death should be	charged statistically.
Address Cu	mberland,	Md			to external causes, fill in the followin	
Burial (Burial, cremation,	or removal, Which?	Date there	eof 12/11/ 19/6 (month) (day) (year)		Date	
Cemetery or cremator	, Hillere	est Cem	le.	Whera did injury occur?(C	City or town) (County)	(State)
	umberland			injured at home, tarm, Industry, pu	ub ¹¹ c place (where?)	
18. Funeral director	ouis Steir	, Inc		Msans of Injury	njured at w	ork?
Address Cur	mberland,	Md		23. SIGNATURE	William	, Miso
19 (Date rec'd by reg	19 4 G	X. 1.	Franklin, M.	DI THE	1 4 1	M. D. oy other

BINDING MARGIN RESERVED FOR WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4

CERTIFICATE OF DEATH

Reg. Diat. No. 54

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Clllgary	07.
(If outside elty or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 231 Colder 51.
231 Elder St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cora agues 2	your your
4. Sex 5. Color or race 6.(a) Single, married (widowed, or divorced	MEDICAL CERTIFICATION
Female while married	20. DATE DF DEATH DEC 26 19 46 at 4:25 A
Dotton B Seplan	21. I CERTIFY that death-occurred on the date above stated; that I attended deceased from
B.(b) Nams of husband or wife.	October 18.46, 10 December 18.46
7. Birth date of School 1 2 live, give age years	and that I last saw hell alive on Deember 23 18.4
deceased (me., day, yr.) R ACF. Years Months Days If less than one day	Immediate Cruse of death
6. AGE.	apopley
36 8 3hrsmin.	
9. Birthplace J. County and atales (Town, county, and atales)	Due to.
The same of the sa	Hypersennon
10. Usual eccupation.	Due to Market Control of the Control
11. Industry or business Cl. Hame	f
E 12. Name Olds Gray France	Other conditions
≦ 13. Birthplace thulstone Ma	(Include pregnancy within 3 months of death)
14. Maiden name Beaus Core Pa	
15. Birtholace Ben as are the	Major fiadiags of operations. Date of op.
12 -8 1 b	Antopsy results
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 231 Colden t - Count Mg	22. VIOLENCE: If death was due to external causes, fill in the following;
Burlal, cremation, or removal. Which?) (Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
13 12 () Ol. (6)	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Service Servi	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Churches Sand and	Tha! Ve Ally a to My
1. 1. 19 11 10 - Trans 10: m/9	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address cumber texted Ma Date signed / & / 2 4/4

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, WITH UNF. is especially important.

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JAN 1 1947,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles S

t.,	Battimore	93-0
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CERTIFICATE OF DEATH

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13/20		

1. PLACE OF DE		Allega	ny	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
Clity or town			ars	State		
Hospital, Inetitution, or	r etreet addrese where d 122 Inde	eath occurred	1:	Street No. 122 Independer	nce St rive LOCATION)	•••••••
How long in hospital o	or Inetitution?			2.(a) If veteran, name war		
3. (a) FULL NAM		Marche	erry Lewis		3. (b) Social Security 1 217-10-677	
4. Sex	5. Color or race		e. married, widowed, or divorced	MEDICAL.	CERTIFICATION	
Male	White		Married	2D. DATE OF DEATH. Decemb		at 5 Pm
5.(b) Name of husband 7. Birth date of deceased (mo., day,	or wife	manda 6 (e) If alive, give age7.8years	21. I CERTIFY that death occurred on the date	2/23/46-	Y 6 19
8. AGE: Year		Days	If lese than ooe day	Immediate cause of death.	- Oleal	DURATION
74	8	2	hrs min.	Clani ma	Lead to	
	(Town, c	county, and	ter	Due to.	, ofage	
12. Name			/irginia	Dther conditione		
		Rhode	S	(Include pregnancy within		
16. Informant			Cumberland, Md.	Autopsy results	which death should he charged	statistically.
7	Burial n, or removal. Which?)	Date the	eof 12/26/46 (month) (day) (year)	22. VIOLENCE: If death was due to external Accident, euicide, or homicide	Date of	
Cemetery or cremat	1864.7.7.4 6	Hill C	emetery	Where did injury occur?(City or tow Injured at home, farm, Industry, public place		
1B. Funeral director	dilillia	ue V Ko	ight	Means of Injury	Injured at work?	
Addrees	Cumpe	land	1 ml	23. SIGHAZHR	Mayers	mo
19. (Date rec'd by r	26, 19 46	Jems	P. Franklin, M. D. Registrar	Address	M.D. Date signed	- / /

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In ecorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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and the			-	E	5	X	1/1
- 3	Reg	Dist	N	in	U	1	40

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For person infants give residuncy of mother)
County Wellingson	Branch of Williams
City or town (If outside city or town limits, write RURAL and give nearest town)	I land to the
How long in a) ove place of death?	(If outside city or town limits, write RUBA and give nearest town)
Hospital Inditution, or street address where death occurred:	Street No. 630 Itseller Name
How long in hospitat or institution?	(If rural, gwe LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
S.(a) FULL HAME	3. (b) Social Security Number
4. Say 5. Polytr or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
a la Mit marrial	MEDICAL CERTIFICATION
Thale mile minuted	20. DATE DF DEATH 20 4 19 46, 21 4 17
8.(6) Name of hueband or wife	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last any h
8. AGE: Years Months Days It less than ens day	
70 2 1.3hremin.	CErrinal Thrombris 2 dep.
9. Bianpiace bumberland and	Due to.
Return (Town, county, and state)	
10. Usual occupation	Due 10
11. Industry or businees 13 k 1 kg.	
12. Name James & mathins and.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Florence 6 Corpers 15. Birthplace M. Va.	Major fiudiags of operations.
15. Birthplace M. Va.	Dale of op.
16. Informant mis John L. mathers	Autopsy results
Address Commenced.	PHYSICIAN: Please underline the cause to which death should be charged atatistically.
12/1/46	22. VIOLENCE: If death was due to external causes, till in the following:
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Asse Toll Ceme.	Where did Injury occur?
Location Cumberlandy Ind	Injured at home, farm, Industry, public place (where?)
Louis Sein Seine Se	Meane of Injury Injured at work?
18. Funeral director	() (Lake m
Address Climberlands Md.	23. SIGNATURE M.D. or other
19 Vec. // 19 46 J. P. Warklin, M. D.	Address Hemonian & Date signed 2.9-41

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /6/-2

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CERTIFICATE OF DEATH

		1
Reg. Dist.	No.	0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County ALLE GANY City or town (11 outside city the Roll Line) Will Make and give nearest to	State MATHY LAND County ALILEGANY			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPIPAL CUMB MP	Street No. RT • #4 (If rural, give LOCATION)			
How joing in hospital or institution?I. HR. 23 MINUTES	2.(a) if veteran, name war.			
BABY BOY MCGRAW!	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION			
MALE WHITE SINGLE	20. DATE OF DEATH			
8.(b) Name of husband or wife	and that I last ssw h.d.aalive on J. Q. C. C			
8. AGE: Years Months Days It less than one day	3. min. Consecutal Celestass / hor			
9. Birthplace	Due to 23 min			
10. Usual occupation	Due to			
12. NameJEREMIAH T. MCCRAW				
E 14. Meiden nameCATHERINE PROPST	(Include pregnancy within 8 months of death) Major findings of operations			
2 15. Birthpisce W. VA	Date of op.			
16. Informant Memorial Hospital	Antopsy results			
Address Cumberland, Md. 17. Burial (Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal. Which?) Cemetery or crematory. Rose Hill Cemetery				
Location Cumberland, Md.				
18. Funeral director William H. Kight	Meson of injury injury /			
Address Cumberland, Md.	523. SIGNAPURE STATE Sun 62/19.			
Dec 19, 10 46 J. P. Tranklin	m. S. Signature M. D. or other M. D. or other S.			



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MARYLAND :	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles

CERTIFICATI

St., Baltimore	2)
E OF DEAT	H RIMEGO

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County August	State 2nd County Langette
City or town. (Woutside city or town limits, write RURAL and give nearest town)	City or town. Course of the co
How long In above place of death? 2. Hospital, institution, or street address when death occurred:	//.
muss OV grantal	Street No. K. T. 2 (tf rural, give LOCATION)
How long in hospital or institution? 10 days	2.(a) If veteran, name war
3. (a) FULL NAME	2 4) ' 3.(b) Social Security Number
Mrs Dora Vignes	oder Mc / Jenne
4. Sex 5. Color or race 6.(a) Single, married, widowed, or dispreced	MEDICAL CERTIFICATION
Terrale white garried.	20. DATE OF DEATH Breemby 10 19 46, 21 3 A M
6.(b) Name of husband or wife Lite of Anchery	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from Certification 10 10 10 10 10 10 10 10 10 10 10 10 10
T. Birth date of	and that I last saw h. Stalive on 12/10 18.46
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than ooe day	Immediais cause of death DURATION OURATION
59 10 7 hrs. min.	144 postatu premiona 24 ac
To the Car med.	arterios Clerotre
9. Birthplace (Town, county, and state)	Cardiovoscula + renal dissay 3 gran
1D. Usual occupation.	Due 10
11. Industry or business	
12. Name Julie Galen 13. Birthplace Jansette Co. Sad	Other conditions of the State of State
# P - 2 110	(tnelude pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
15. Birthplace Tarrefle 60. mg	
16. Informani	Actopsy results
Address 1 12/12/11/46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal. Which?) Date thereof, (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory It is the Comment of the Comments of the	Whera did Injury occur?
Location Farrette Go : Ind fil	Injured al home, farm, industry, public place (where?)
18. Funeral director Jacob Nantes	Means of Injury Injured at work?
Address The Murry Maria	14 I de Jone Walter mil
12 12 11 11 11 11 11 11	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)	Address 1 rost blure Med Date signed 12/10/4



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

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CERTIFICATE OF DEATH Reg. Diat. No. / 0 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from L deceased (mo., day, yr.) DURATION 8. AGE: Years ed artino de 10. Usual occupation..... 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations..... 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide,..... Where did Injury occur?(City or town) Injured at home, farm, Industry, public place (where?) talured at work? Means of Injury 18. Funeral director..... Address

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CERTIFICATE OF DEATH

	2411 N. Cha	rlea St., Baltimore 940	11000		
	CERTIFICA	TE OF DEATH	Reg. Dist. No.		
1. PLACE OF DEATH: County	Allegany rlan* imits, write RURAL and give nearest town)		ounty Allegany		
How long in above place of death? Hospital, institution, or street address where	40	City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)			
		2.(a) tt veteran, name war			
3. (a) FULL NAME	illiam McKinley		3. (b) Social Security Number 705-09-9899		
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL O	CERTIFICATION		
Wale White	Married	20. DATE OF DEATH. Decembe	er 22 19.46 at 8-30 I		
7. Birth date of	la Marie McKinley 	and that I last sew b alive on	5 4 6 10 Dru-22, 19 4		
8. AGE: Years Months	Days It less than one day	Immediate cause of death	DURATION		
63 0	24hrsmir	Coronary	Thrombosio -		
10. Usual occupation	Mineral Co. W. Va. (county, and state) ar Knocker ore & Ohio Railroad	Due to			
	m McKinley				
E 14. Maiden name Christi	nown e McKinley arden, W. Va.	Major nadings of operations	8 months of death)		
16. Intermant Trs. Willi	am McKinley e St.Cumberland, Md.	11			
17. Burial (Burial, cremation, or removal. Which	Date thereof 12/26/46 (month) (day) (year)		Date of		
	l Crest Cemetery unberland, Md.		(County) (State)		
	m H. Kight		Injured at work?		
	erland, Md.	20	& Sured		
19 Dec 7 6 19 4 (Date ree'd by registrar)	J. P. Franklin M. Registra	23. SIGNATURE	M. D. or other Date signed 23/4		

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charle	es St., Baltimore @@
CERTIFICAT	TE OF DEATH Reg. Dist. No. 40
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For residence of mother) State County
How long In hospital or Institution?	2.(a) If veteren, neme wer.
George allest soul	3. (b) Social Security Number Nove
Frale Mate Hidrord	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.46 21205
6.(b) Name of husband or wife. Ada. Noward.	21. I CERTIFY that death occurred on the date above eteted; that laftended deceeed from
7. Birth dete of decessed (mo., day, yr.)	end that I leet sew harmalive on the carbon 21.19.44
8. AGE: Yeers Months Deys If less then one dayhrsmin.	Immediate cause of death DURATION
9. Birthplace (Town, eounty, and state) 10. Usual occupation ANY MA	Oue to Spanne & Shoek
11. Industry or business Lumber	Due to/
12. Name Nach Smeller (a). 13. Birthplace	Other conditione
14. Maiden neme Diatuce Deskers 15. Birthplece	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Dannan H Iniller	Autopsy results
Address Gunnlesland and 17 Buria Dete thereof Dec 24, 1946	22. VIOLENCE: If deeth wes due to externel ceuees, fill in the following: Accident, euicide, or homicide
(Burfal, eremation, or removal. Which?) Cemetery or cremetory	Where did Injury occur?
Location Destructively Ca	Injured et home, ferm, Industry, public place (where?)
18. Funeral director Louis Stein One.	Meane of Injury Injured et work?
Address Cumbruland md.	23. SIGNATURE Backey Musher M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address Cumber Sand Mobele signed 12/22/40

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MARYLAND STATE DEPARTMENT OF HEALTH

CEDTIFICATE OF DEATH

2411 N.	Charles	St.,	Baltimore	(131-6)
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2411	N.	Charles	St.,	Baltimore	(131-6)	
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eg.	Diat	No.			4	

CERTIFICAT	Reg. Dist. No.	*****
1. PLACE OF DEATH: (1000 agus)	2. USUAL RESIDENCE (HOME) OF DECEASED:	
City or town (If opposide city or town limits, write RERAL and give nearest town)	State Maryland County Gllegary	0 000 000 00
How long in above place of death? Nospital, institution or street address where death occurred:	City or town (1) outside city or town limits, write RURAL and two neares town)	
Sylvan Review	Street No	
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Jawin W. Morton	3. (b) Social Security Number	
4. Sex 13. Color or race 6.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH 020. 10 1946 at 730	<i>F</i> 1M
6,(b) Name of husband or wife Hester Morton	21. I CERTIEX that death occurred on the date above stated; that Lattended deceased from	46
7. Birth date of deceased (mo., day, yr.) Tebruary 14 1872	and that I last saw h 1.1.77. alive on DEC. 9	
8. AGE: Years Months Days If less than one day 74 9 2hrsmin.	Immediais cause of death Durante Porsoning I wk	304
9. Birthplace Detmold allegary Cty md.	Due to Chronie hephrifis 4425.	Ť
10. Usual occupation	Due to.	
11. Industry or busiless on mines	Diher conditions.	•••••••••••
12. Name to face Dorton		
14. Maiden name Mangaret Jackson 15. Birthplace Scottleberg	(Include pregnancy within 3 months of death) Major findings of aperations.	
15. Birthplace Colleged	Date of op.	
16. Informant Mrs. Serald Cuderson	Autupsy results	
Address medland Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal Which?) Date thereof	Accident, suicide, or homicide	
Cemetery or crematory	Where did Injury occur?	
Location	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	
1B. Funeral director	Means of injury tnjured at work?	
Address Thouthung Ma.	23. SIGNATURE CENTRAL T. Joseph M. P.	
(Date rec'd by registrar) 19 46 of F. Franklin, M. D. Registrar	Address 110 5. Centre 37. Bate signed 12-11-4.	6

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ADING INK. Supply every item of information carefully. The oppositions: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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Reg	Dist.	No	1	DZO	

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11				
	1. PLACE OF DEATH: (100 games	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m		
		State Maryland Count	(111/0-	00000
	Cily or town	City or town Trouthing	wzite RURAL and give nearest (gwn)	
	How long in above place of death?	0710111	write RURAL and give nearest (gwn)	
li	Miners hospitaly	Street No	OCATION)	
I	How long in hospital or institution?	2.(a) If veteran, name war		
	3. (a) FULL NAME	00001	3. (b) Social Security Number	
	4 Sex 5. Coldr or race 6.(a)Single, married, widowed, or divorced	est of the second	none	
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	H
4	Teurale While Married	2D. DATE OF DEATH. WICEMIL	ev 2 1946, at 7,30	2
	6.(b) Name of husband or wite Kamas Mailson	21. I CERTIFY that death occurred on the date above	11 -5/100 1.1 5 (1	1.7
		november 23 194	6 10 Secember 2 19 4	0
ľ	7. Birth date of deceased (mo., day, yr.) Opril 20, 1878	and that I last saw h. L. L. alive on	center 19 t	*****
	8. AGE: Years Months Days It less than one day	Immediate cause of death	DURATIO	N:
	68 17 11hrsmin.	a acute replicate	2 They	ς -
	· Rithman Trost hora allegary Marisan	Due to.		
	Town, county, and state)	- p - f - g - g - g - g - g - g - g - g - g		
	10. Usual occupation	Due to Waller Millell	in 1095	
	11. Industry or business home	75/1:),	9 4 2005	
	12. Name Johns Watel 13. Birthplace Pennsylvania	Other conditions PCI - House C	reme + gi	>-
1		(Include prognancy within 3 me	onths of death)	
	14. Maiden name Harriet Miller 15. Birthpiace Pen nouseania	Major findings of operations		
	\$ 15. Birthplace Ilmnourivanea		Date of op	•••••
	16, Informant 1000 feelsow, 20	Antopsy results	ch death should be charged statisticaDy.	
	Address Trastlang, Mg.	22. VIOLENCE: If death was due to external cause	es, fill in the following;	
	(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	Date of	
	Cemetery or crematory allegacy Cemetery	Where did Injury occur?(City or town)	(County) (State)	
	Location Trouthing md	Injured at home, farm, Industry, public place (whe		
	18. Funeral director. Q. Q. Weirst	Means of Injury	Injured at work?	
,	Address Tho Stherg Md.	23. SIGNATURE.	Sield M.D.	
	10 12-3 10 46 New Havey N. Koe	7 solling	M. D. or other	2
	(Date rec'd by registrar) Registrar	AUGIESS		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

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CERTIFICATE	OF	DEATH

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Reg. Diat.	No4

. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME	E) OF DECEASED:		
ounty Allegany	(For newborn infants give residence of mother)			
ity or town Combenland	State	County Allegany		
(If outside city or town limits, write RURAL and give nearest town)	C	~ ~ ~ ~		
low long In above place of death?	(If outside city or town	limita, write KURAL and give nearest town)		
iospital, Institution, or street address where death occurred:		yeHe Are.		
1114 Latayette Ave	(If rural,	Vive LOCATION)		
low long in hospital or institution?	. 2.(a) If veteran, name war	•••••••••••••••••••••••••••••••••••••••		
B. (a) FULL NAME		3. (b) Social Security Number		
Ronnie Eldon Pork		Tlong.		
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION		
m w single				
4		19. 7.6 at 2.100 12.		
S,(b) Name of husband or wife	21. I CERTIFY that death occurred on the da	te above stated; that I attended deceased from		
		19		
7. Birth date of	and that t last saw h./	DAC 26 1976		
accessed (meri mali live	Immediate cause of death			
o. Aue.	acuta congra	town of the Course short in		
0 4 28min				
9. Birthplace Command Sar land, Allegany Co., Mary land. (Town, court, and state)				
1D. Usual occupation	. Due to			
1D. Usual occupation	Due to	, always waste		
10. Usual occupation	Due to	, sharings words		
10. Usual occupation Interpretation 11. Industry or business 12. Name Lyle Park 13. Birthplace Moore field, W. Vo.	Due to.	nin 8 months of death)		
10. Usual occupation Interpretation 11. Industry or business 12. Name Lyle Park 13. Birthplace Moore field, W. Vo.	Due to			
1D. Usual occupation	Due to			
1D. Usual occupation	Due to	Date of op.		
11. Industry or business 11. Industry or business 12. Name	Due to	to which death should be charged statistically.		
11. Industry or business 12. Name Lyle Park 13. Birthplace Moore field, W. Vo. 14. Maiden name Margaret Mee 15. Birthplace Kirby, W. Vo. 16. Informant Lyle Park Address 1/14 Lafoyette Are, Cumberland, Md	Due to	Date of op		
11. Industry or business 12. Name Lyle Park 13. Birthplace Moore field, W. Vo. 14. Maiden name Margaret Mee 15. Birthplace Kirby, W. Vo. 16. Informant Lyle Park Address 1/14 Lafoyette Are, Cumberland, Md	Due to	to which death should be charged statistically.		
11. Usual occupation 12. Land 11. Industry or business 12. Name 12. Ve Park 13. Birthplace More field, W. Vo. 14. Maiden name 17argaret Meee 15. Birthplace Kirby, W. Vo. 16. Informant Lyle Park Address 1114 Lafoyette Are, Gumzerland, Md 17. Burial Burial (Burial, eremation, or removel, Which?) Date thereof Pag. 2.7, 1946 (month) Aday) (year)	Due to	to which death should be charged statistically. The should be charged statistically. The should be charged statistically. The should be charged statistically.		
11. Industry or business 12. Name	Due to	to which death should be charged statistically. The control of th		
11. Usual occupation 12. Land 11. Industry or business 12. Name 12. Ve Park 13. Birthplace More field, W. Vo. 14. Maiden name 17argaret Meee 15. Birthplace Kirby, W. Vo. 16. Informant Lyle Park Address 1114 Lafoyette Are, Gumzerland, Md 17. Burial Burial (Burial, eremation, or removel, Which?) Date thereof Pag. 2.7, 1946 (month) Aday) (year)	Due to	Date of op. to which death should be charged statistically. ral causes, fill in the following; Date of		
11. Industry or business 12. Name	Due to	to which death should be charged statistically. ral causes, fill in the following; Date of		
11. Usual occupation	Due to	Date of op. to which death should be charged statistically. nal causes, fill in the following; Date of		
11. Industry or business 12. Name	Due to	Date of op. to which death should be charged statistically. nal causes, fill in the following; Date of		

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JAN 2- 1947
BUREAU V B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

			CERTIF	TICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEA					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany City or town Cumberland Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:			and	State West Virginia aunty Helys police	
			•••••	City or town	
Allegany	Hospita	l, Cun	berland, 1	Taryl	Sireri No. (If rurai, givs LOCATION)
	4		ys		2.(a) If veteran, name war
3.(a) FULL NAME Mrs. F	Taylor Mos	v Parker			3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorce	ed	MEDICAL CERTIFICATION
Female	White		Married		20. DATE OF DEATH. 12/27 19.46 31 7:55PM
6.(b) Name of husband o	r wifeIIr	Ma. James	son Marker	•••••	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of deceased (mo., day. yr.			c) If alive, give age	years	and that I last saw h
8. AGE: Years	Months	Days	If less than one day		Immediate caused death DURATION
75	0	20		min.	
B. Birthplace	(Town	county, and	st Virginia	a	Due to
10. Usual occupation	Housewi	fe	de		Due to Courles of the breast
11. Industry or business	Nukes	19	rass		Other conditions
13. Birthplace	apper	irle,	Viginia		(Include pregnancy within 3 months of death)
14. Maiden name	Roune	Jay	N Mises of a		Major findings af operations.
18. Informant	So Clas	ouce.	Scanlon	_	Autopsy results
1.	nuly.	60.0	9.,		PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Surial, cremation,	or known ai, Which	Date there	month) (day)	1946	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Thur	and.	1/ Juna	Cera	Where did injury occur?
Location	Has	let	Tunella 1	Dans	Injured ai home, farm, Industry, public place (where?) Means of injury Injured at work?
18. Funeral director	None .		/1/1/a.	NU XX	Colin hell har a Kir
10 Dec. 3	0, 1946	2	Povanklin	M.	A3. SIGNATURE M. Il/or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Ale

CERTIFICATE OF DEATH

Date signed Me

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County LALL GAULY	(For newborn infants give residence of mother)
City or town. (If outside city or town limits) write RURAL/and give hearest town)	State Alanda County Like gawy
110.11. 256.11 15 200	Gily or town I A xon aconing of
How long in above place of death?	(if outside city or town limits, write RURAL and give frearess town)
Hospital, Institution by street address where death accurred:	Street No. Setrodotta
- Alexander - Alex	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) ti veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
It illiam Picken Feeles	376-10-5487
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Offite married	1000 11 11 11 11
The town the	20. DATE OF DEATH Nec 16 1946, at 14 13,
8.(b) Name of husband or wife I wal Langley Pelife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, the age 4.3 years	Nec 10th 1946, 10 Dec 16 1946
7. Birth date of	and that I last saw h. saw alive on . 10es 16 1946
deceased (mo., day, yr.) Upril 1, 1899.	Immediate cause of death
8. AGE: Years Months Days If less than one day	Chanic helderetin
48 8 /5hrsmin.	
- Gon A corrige alle con test the	1.
9. Birthplace (Town, couply, and state)	Que to
10. Usual occupation allaneage avokers	
al l'at'	Due to
11. Industry or business Clames Took providen	
E 12. Name Man as Pelbles	Other conditions & astru Welle
13. Birthplace Long on any, and	
14. Maiden name 202 ary Pichape	(Include pregnancy within 8 months of death)
	Major findings of operations.
\$ 15. Birthplace on aconing and	
16. Informant Mrs Earl Sterlains	Autopsy results
Ch . 10 1 0m11	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address My gland flyd.	22. VIOLENCE: If death was due to externat causes, fill in the following;
17 Dans Tal Date thereof Della 10 194	Accident, suicide, or-homicide
(Burial, cremation, or removal, Which) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Land and and and and and and and and and	Injured at home, farm, industry, public place (where?)
001	Means of Injury Injured at work?
16. Funeral director	
Address Longcoming And	23 SIGNATURE Herry by. I todagon by 10.
January 16 January 10 1	23. SIGNATURE
Date rec'd by registrar) Registrar	Address Longing and Date signed blee 17 4
, registrat	AUDI COS USTO SIGNED



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MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore (937) CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, owstreet address where death occurred: (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) It veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIF 20. DATE OF DEATH. deceased (mo., day, yr.) ADING INK. Supply Physicians: please wr Davs It less than one day 8. AGE: Town, county, and state 10. Usual occupation. 11. Industry or business (Include pregnancy within 3 months of death) 14. Maiden name 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide..... (Burlal, cremation, or removal, Which?) Where did Injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Maena of injury Injured at work? Address M. D. or other



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WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

411	N.	Charles	St.,	Baltimore	468
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CERTIFICATE OF DEATH

		N	A
K	Reg. Dist.	No	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Zud County allegany
(If outside city of town limits, write RURAL and give nearest town)	City or town
How long in above place of dealh? Hospital, Institution, on street address where death occurred:	(if outside city or town limits, write RURAL and give nearest town)
55. Winchester Road	Street No. 5 S. Winchester Road!
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Catherine Henriet	te Rhodes 3. (b) Social Security Number
4. Sex 5. Color of race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale While Widowed	20. DATE DF DEATH. Dec 2 19.46. at 1.340A M
5 (b) Name of husband or wife John Rhodes	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
19.	July 22, 19 /6 10 Dec. 1 19 7/6
7. Birth date of	and that I last saw h. & alive on Ose 19 46
deceased (mo., day, yr.) 8. A.G.F. Years Months Days If less than one day	Immediais cause of death
8. AGE: Years Months Days If less than one day	Carcinomas Tomach of 6 hor
000 0 7	Jutestrual 80 trusties Coh
9. Sirthplace (Town, county, and state)	Que to
10. Usual occupation. Louseworks	
11. Industry or business at Jane	Ous to
	Other conditions Resourced Milloctes, Rock 2 WG
12. Name Charaly Derglerger 13. Birthplace Garrett & Ind.	Pulmonar Lefants 2 Wh
El Suglida Shucki	(Include pregnancy within 8 months of death)
14. Maiden name dialida Shucks 15. Birthplace Ceaftown und.	Major fiedings of operations
7 0. 11 9. 1	
16. Informant Mass Joces Malone	Actopsy results
Address 421 Journa and - Cumb. Md	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burial, eremation, or removal. Which?) Date thereof J C (month) (days) (year)	Accident, suicide, or homicide
260000000000000000000000000000000000000	Whers did Injury occur? (City or town) (County) (State)
Cemelery or cramatory	(City or town) (County) (State)
Location Current And Many	Missas of Injury Injury Injury Injured at work?
1B. Funeral director	
Address phulelangy Type.	23. SIGNATURE Stavello Gallosman had
19. (Date rec'd by registrar) 1946 / My June Registrar	Address Cresal Rows Date signed Dec 2,1946
(San Table)	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (Fornewborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outpide city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: (Town, county, and state) 10. Usual occupation 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace 14. Maiden name Major findings of operations..... PHYSICIAN: Please underline the cause to which death should he charged statistically. Address 22, VIOLENCE: If death was due to external causes, fill in the following: (month) (day) (year Accident, suicide, or homicide..... Where did Injury occur? (County) (State) (City or town) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury

23. SIGNATURE.

Address.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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4	Reg. Diat. No.	

2411 N. Cha	DEPARTMENT OF HEALTH THE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? 72 years Hospital, institution, or street address where death occurred: Allegany Hospital Kow long in hospital or institution? 6 days	Street.
3. (a) FULL NAME Mrs Mary A. Ritter 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF BEATH December 22, 19.46, 918:2
B. (b) Name of husband or wife	and that I last saw h
John Hext (Deceased) 12. Name John Hext (Deceased) 13. Birthplace England	Other conditions (Include pregnancy within 2 months of death)
14. Nalden name Ellen Curley (Deceased) 15. Birthplace Pa.	Major findings of operations
16. toforment Allegany Hospital	Antopsy results
Address 215 Decatur Street	PHYSICIAN: Please underline the cause to which death should be charged statistically
(Burial, cremation, or removed. Which?) Cemetery or crematory. Location Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Address Z 2 green At Jacklin, M. A. (Date ree'd by registrar) 18. Funeral director Latter La	23. SIGNATURE W. A-Vn Om. M. D. or other Address 110 5 Cg 2 87 Bate signed 7 4 4

JAN 1 1947
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PHEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH



11675 9 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
County Allegary	State Mary Land County Allegany
City or town	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Centenniel St. Ext.
Certenniel St. Ext.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME TO FISH	3. (b) Social Security Number
Mrs. Rosa Frances Rol	CARROLL STATE OF THE STATE OF T
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Married	20, DATE OF DEATH Drembu 11 19 46 21 800
B.(b) Name of husband or wife Trichard Trabison	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
72	1942 19 10 12/11 1846
7. Birth date of	and that I last saw h. 21 alive on 12/10
	Immediate cause of death DURATION
0. 102.	arterioselestee hart
73 3 9hrsmin.	Jeses 445
9. Birthplace Tayara data Tomarat Con Tas	Due to
10. Usual occupation	Due to
11. Industry or business Own home	
12. Name Thomas E. Pavenscroft	Diher conditions Repleuring C
12. Name Thomas E. Travens craft 13. Birthplace Gornett Co., Md.	possible przemonie 148
# 14. Maiden name Macia Murjahy	(Include pregnancy within 3 months of death)
	Major findings of operations.
\$ 15. Birthplace Garrett Co., Md.	Date of op
16. Informant Tiesard Trasison	Autopsy results
Address Frontburg, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
4	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof December 14 1946 (month) (day) Ayear)	Accident, suicide, or homicide
Cemetery or crematory Blocher Cometery	Where did injury occur? (City or town) (County) (State)
Location near Frosthurg- Garrett Co.	Injured at home, farm, Industry, public place (where?)
18.0111	Means of injury injured at work?
18. Funeral director	111000 1 16 1110
Address Especialized, Tend,	23. SIGNATURE Hilda Jaus Walty Milly
19 12-14 1946 Sus Havey N. Hos	E - H-(he, m) M. D. 60 other
(Date rec'd by registrar) Registrar	Address Date signed

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DEC 17 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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Within cor		PARTMENT OF HEALTH 22 St., Baltimore 942
correct	CERTIFICAT	E OF DEATH Rog. Dist. No.
carefully. The	1. PLACE OF DEATH: County Cumberland City or towa. (If outside city a Dwn limits, write RURAL and give nearest town) How tong in above place of death? Hospital, institution, or sirest address where death occurred: Memorial Hospital How tong in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State 6 Mi. SouthFriendsville, Md. (If outside city or town limita, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) ti veteran, name war.
information of death cle	3.(a) FULL NAME Alvin Rodeheaver	3. (b) Social Security Number 213-24-6252
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH December 27, 1946 4:30P/
FOR BINDING by every item of write the causes	8.(b) Name of husband or wife Doris Froend Rodeheaver 5.(c) If allive, give age years 7. Birth date of deceased (mo., day, yr.) July 5, 1903	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1
EVED FC	8. AGE: Years Months Days If less than one day 43 5 22hrsmin.	Caronary Heart Lleseas
MARGIN RESERVED NFADING INK. Suppl nt. Physicians: please v	Preston Co., W. Va. 9. Birthplace	Bue to
WITH U importan	Sarah Jane Mangus 14. Malden name Preston Co., W. Va. Leslie Rodeheaver	(Incinde pregnancy within 8 months of death) Major fiadiugs of operatious
PLAINLY, is especially	Address R. D. Friendsville, Md. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Bate thereof (month) (day) (year) Cemetery	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
SE WRITE I	Location Garrett Co., Md. 18. Funeral director valuable Co. Leg thou	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
VS A15	Address Oakland, Maryland. 1. St. 34 19 46 J. P. Tranklin, M. 2. (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE Cuelium & M. D. or other Address La Aland Dul Date signed 3 Oppen of



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information carefully. The correct of death clearly and legibly.

ADING INK. Supply every item of i Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore ()

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CERTIFICAT	TE OF DEATH
1. PLACE OF DEATH: County Cliegary	2. USUAL RESIDENCE (HOME) OF DECEASED: (F) newborn infagts give residence of mother)
City or town	State Manyland County Allegany
How long in above place of death?	(If outside eigh or town limits, write RURAL and give nearest town)
My Saratiga Sh	(If rurs), giv LOCATION)
Now long In hospital or institution?	2.(a) 11 veteran, name war
Edward Hilliam 1	3. (b) Social Security Number 212 - 05 - 0799
4. Ser 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH SILE 31 1946 21 155A
6.(b) Name of husband or wife. Reta & Hunt.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Seht 19,1887	aed that I last saw h. A. alive on 30 Dec 1942
8. AGE: Years Months Days If less than one day	Immediair cause of death DURATION 2 LIBERT 2 LIB
Sg 3 hrs. min.	min sinfele mellitus ?
9. Birthplace	asterial Hypertensia ?
11. Industry or business Delephone 60.	Due to the content of the state
12. Name 6 asper Rohman. 13. Birthplace Snd.	Dither conditions
~ 0 4:11 011	(Include pregnancy within 3 months of death)
14. Maiden name Mathida Ghitar 15. Birthplace Ind.	Major findings of operations
16. Interment Bars Reta Robertan	Autopsy results
Address Camberland	22. VIOLENCE: 11 death was due to external causes, Illi in the following:
(Burial, cremation, or removal. Which?) Date thereol (day) (year)	Accident, suicide, or homicide
Cemetery or crematory African Classification Control of	Where did injury occur?
18. Funeral director Athris Stein Gree	Misens of Injury Injured at work?
Address Comberland.	23. SIGNATURE N. alfred Va aims
19. Jan. 3. 1847 J. Franklin, M. o. Registrar	Address Cunterland . md Date signed & Davy

JAN 3 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32 0/

CEDTIFICATE OF DEATH

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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For ewborn infants give residence of mother) State
2102200	2 (a) If veteran name war
How long In hospital or Institution? 215 DAYS	a (o) II Totali, ilano ra
3. (a) FULL NAME A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Hamale Marte.	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. 18. 46.21 10:35
6,(b) Name of husband or wife	21. I CERTIFY fhat death occurred on the date above stated; that I attended deceased from 19. 10. Describe 19. 46. and that I last saw because of death. DURATION
8. AGE: Years Months Days If less than one day 2 30 hrs. min. 9. Birthplace (Town, county, and state)	Infections Frankles 16 day The to Children of Endelles in 14 years
10. Usual occupation. 11. Industry or business 12. Name	Other conditions with the state of the state
14. Maiden name Sara Hauften 15. Birthplace Jerusay 16. Informan Bas Harry Byremany	Major findings of operations
Address 17. Shink (Burial, cremation, or removal, Which?) Cemetery or crematory This was a second of the control of the con	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location 18. Funeral director mis Stand 9ns Address 19. Location 9ns 19. Location 9ns (Bate rec'd by registrar) 19. Control of the property of the prope	Msans of Injury Injured at work? 23. SIGNATURE

PLAINLY, WITH-WMFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

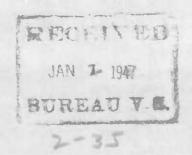
2411 N. Charles St., Baltimore 447

CERTIFICATE OF DEATH

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Reg.	Di	st.	No.			7	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegory	
Cily or town. Com ber land difficults, write RURAL and give nearest town)	State Mary land County Allegany
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	(If outside city or town limits, write RURAL and give neureat town)
How long in above place of death?	Street No. 518 Avond ale Avenue
518 Avondala Avenue	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Sptial Security Number
Margaret "Fogerty" Rou	vley none
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
Femole white Married	20. DATE OF DEATH Dec 21 st 18 46 11 20 PM
6.(b) Name of husband or wite Thomas Rowley	21. I CERTIFY that death occurred on the date above slajed; that I attended deceased from
	DEC-13 1946 10 DEC 21 1946
7. Birth date ot	and that I last saw her alive on Die 2/ 1346
deceased (mo., day, yr.) August 15, 1876	Immediate cause of death
8. AGE: Years Months Days It less than one day	A P
70 4 6hrsmin.	loseword of
3. Birthplace Cum berland, Allegany, Mary land	Due to.
10. Usual occupation Housewite	
	Due to
11. Industry or business Own home	
12 Name James Fagerty	Other conditions
13. Birthplace Iveland	(Include pregnancy within 3 months of death)
14. Malden name Mdvy Price	Major findings of operations.
14. Malden name Mdvy Price 15. Birthplace Iveland	Date of op.
16. Informant Mrs. T.R. My Donald	Autonsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 518 Avandale Ave, Cumberland, Md.	22. VIOLENCE: It death was due to externat causes, fill in the tollowing:
17. Burial, cremation, or removal, Whieh?) Oate thereof. Dec. 24, 1946 (mopth) (day) (year)	Accident, suicide, or homicide
	Where did Injury occur?
Location Comperand, Mary Jand.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director John J. Haffer	Means of Injury Injured at work?
	the second
Address umbelland, Maryland	23. SIGNATURE KIN Welkers 14
10 Nec 24 1946 & F. Trankly, M.L	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

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tog. I	Dist.	No.		5	4	0

No. of the last of	City or town	cany osp Imberland Toutside at or rown ace of death? 13 or street address where ny Hospit or institution? 2	ibits, write and days. death occurrence al. Ci	whathd give nearest town) in the plane of the second of t	State Maryland county Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)				
	3. (a) FULL NA					3. (b) Social Security Number			
	4. Sex	rt Charle		e, married, widowed, or divorced	NONE				
1	Male	White				ERTIFICATION			
1	mare	MILTE	1 6	Single	20. DATE OF DEATH. 12/29		1.5.Pm		
			6.(c) It alive, give ageyears	Immediate cause of death	19. 10. 12. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			
ı	8. AGE: Ye	ars Months	Days	tf less thao one day	meumonia	(lohn) 14h	ere-		
1			1 13	hrsmln.			**********		
	10. Usoal occupation 11. Industry or busic 12. Name	Infant Robert Rup Cumberlan Cumberlan Cumberlan Obert Rup Al Columb:	ppert, i. All ce. Gil nd, Al pert, i. St. Date ther	Sr. Maryland Sr. egany, Md. lard legany, Md. Sr. Cumberland, I. (month) (day) (year)	Due to	months of death) Bate of op. Sich death should be charged statistically. See, till in the following: Date of (County) (State)			
1	Address	2	uns	Due eland Franklen Megistra	Means of Injory 23. SIGNATURE. S.G. Seeme &	Injured at work? M. D. or other Date signed 2 -2	8-4		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

HTARE TO DETAIL OF THE

JAN 3 1947

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Outside	of MARYLAND STATE DE	PARTMENT OF HEALTH				
CityaLi	111S 2411 N. Charles St., Baltimore 290					
4	CERTIFICAT	E OF DEATH Reg. Diat. No.				
No correctly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
High	County Allegany Cumberland Rural	State Maryland County Allegany				
lly.	(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town fmits write RURAL and ave genrest town)				
eful y ar	How long in above place of death?	Street No. Keller esta Trive Saltimore Fike				
information carefully. The cof death clearly and legibly.	Therese Drive hand Valumose like	(If rural, give LOCATION)				
ation th cl	How long in hospital or institution?	2.(a) If vetaran, name war				
orme	Henry Shriver	217.14-4012				
info	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
tem of causes	Male White Married	20. DATE OF DEATH. Nec . 3/ 19.46 at 8 5 1				
BINDIN ry item o	6.(b) Name of husband or wila	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from				
	7. Birth date of	and that t last saw h 12 aliva on 12 28 - 45 19				
FOR ly eve write	dacaasad (mo., day, yr.) October 10 1874	Immediate cause of death Duray				
ED uppl	8. AGE: Yeara Months Days If less than one day 72 2 21hrsmin.	Cerebel aprophray 5 days				
RESERVED FO 3 INK. Supply ians: please wri	Cumberland Allegany Co. Maryland	Don't le				
RGIN RESEFA ADING INK. Physicians: p	(Town, county, and state)	DUE 10.				
N R NG sicia	10. Usual occupation	Due to				
KGII VDII Phys	11. Industry or business First National Bank 12. Name Henry Shriver	The conditions ated Cerebral apoplate				
T.	Henry Shriver 12. Name Henry Shriver 13. Birthplace Cumberland Md	(Include pregnancy within 8 months of death)				
WITH UNI		14 1700				
M. V. T. T. I.	14. Maldan name	Major findings of operations. Date of op.				
I A	16. Informant Henry Shriver 11	Autopsy results				
INI.	Address Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicida, or homicide				
PLAINLY, vis especially	17. Burial Date thereof 1.2/4 (month) (day) (year)					
π E E	Cemetery or cramatory Rose Hill Cemetery	Where did Injury Occur?				
9.45-15 WRITE	Location Cumberland, Md.	Injured at home, farm, Industry, public place (where?)				
	18. Funeral diractor William H. Kight	Means of injury Injurad at work?				
VS A15	Address Cumberland, Md.	manuscript C X rumerum:				
VS	19 Last / 19 47 J. P. Franklin, M. L. Registrar	23. SIGNATURE M. D. or other Addrass Date signed 23				

LAN 3 1947

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PLAINLY, WING INFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
MI AA Cumberland A A a &	state Maryland county Allegany			
(If outside city or town limits, write RURAL and give nearest town)	City or fowh C umberland Kural (If outside city or town limits, write RURAL and give neares a town)			
How long in above place of death?				
Ruel LaVale A. F. D.	Street No. Rural Havele (If rural, give LOCATION)			
How long in hospital or institution?				
3. (a) FULL NAME	3. (b) Social Security Number			
Cora Mae Shroyer	None			
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Widow	20. DATE OF DEATH December 16 19 46 at 9-30 A			
6.(b) Name of hueband or wife. Lewis D. Shroyer	21. I CERTIFY that death occurred on the date above etated; that Lattended deceased from			
	and that I last saw h. L. alive on Deckardon C. 18.			
7. Birth date ot deceased (mo., dev. yr.) September 29, 1874	Immediate cause of death DURATION			
8. AGE: Years Months Days If less than ooe day	Congettime beach '4 month			
72 2 17hrs	nin. Julius			
9. Birthplace Cumberland Valley, Pa (Town, county, and state)	Due to Susmin my rend? 2 years			
1D. Usual occupationHouse	Due to			
11. Industry or business	000 10			
John T. Rice	Other conditions of shelps 3 years			
John T. Rice 12. Name John T. Rice 13. Birthplace Cumberland Valley, Pa				
	(Include pregnancy within 3 months of death) Major findings of operations.			
14. Maiden name Elizabeth Brant 15. Birthplace Cumberland Valley. Pa	Major nadings of operations. Date of op.			
16. Informant Mrs. Lawernce Ellsworth				
	PHYSICIAN: Please underline the cause to which death should be ebarged statistically.			
Address Rural, LaVale, Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:			
Burial Date thereof 12/19/46 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Greenmount Cemetery	Whera did injury occur?			
Cumberland, Md.	Injured at home, farm, industry, public place (where?)			
18. Funeral director William H. Kight	Means of Injury Injured at work?			
Address Cumberland, Md.	(Man ~ MI)			
D. 10 11 0 Pt 11 m	23. SIGNATURE M. D. or other			
19. (Deta rea'd by regisfrat) Regist	trar Address By buened Date signed 12 V8 1			



2411 N. Charles St., Baltimore (108)

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1 0		Teg. Dist. 1101
1. PLACE OF DEATH?	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:
(If outside city or town lightly, white RURAL and give nearest flown)	State Coun	The Death of the State of the S
How long in above place of death? The August Write Roll and give nearest town	City or town (If outside city or town limits,	write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.	
	(If rural, give I	LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME Jolen Skyspe.	- Iv	3. (b) Social Security Number
Male Island Single, married, widowed of divorced	MEDICAL CE 20. DATE DE DEATH DECUMEN	RTIFICATION 2614 16:45 P.
6,(b) Name of husband or wife Sagarful O Siera	21. I CERTIFY that death occurred on the date abov	
7. Birth date of deceased (mo., day, yr.) Share, 3 rd 1897	and that I last saw h alive on	18 79
8. AGE: Years Month Days If less than one day 49 9 9 9 9 9 9 9 9	Immedia cause of death neur	uonia. Duration
S. Birthplace Ogolitodal Mante to Color to Co	Due to	
10. Usual occupation Pulsary	Due to	
11. Industry or business 6 1 1 12. Name of the suppose	Other conditions Chronic ne	phritis horginite
12. Name la	Other Collections	
14. Maiden name Tattierine 6 Ponske	(Include pregnancy within 3 m	onths of death)
15. Birthplace Shannahield (10)	Major findings of operations	Date of on
16. Informant I have Salance O' Mical	Autopsy results.	
Address 32. 1: Sarage md	PHYSICIAN: Please underline the cause to whi	ch death should he charged statistically.
D 1: (12-29-1946	22. VIOLENCE: If death was due to external caus	es, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date ot
Cemetery or crematory	Where did injury occur?(City or town)	(County) (State)
Location Interest the Comments of	Injured at home, farm, industry, public place (who	
18. Funeral director Jacob Nastest	Msans of Injury	Injured at work?
Address Heathurg by	23. SIGNATURE Wan. E. M	seley m. D.
19 Blee 28 1946 Usmen my emill Registrar	Address M7 Davage	M. D. or other N. J. Date signed 12/27-46

MARGIN RESERVED FOR BINDING

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UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (950)

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Address Westernand Ma Date signed.

Reg. Dist. No. 60

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF	DECEASED:	
County Allegany.			***************************************			
Cily or town. Cif outside city or town limits, write RURAL and give nearest town)			HIDAI and give peacest town	State SAME	oty	****
(If outside city or town limits, write RUKAL and give nearest town)				City or town(If outside city or town limits	write RURAL and give nea	rest town)
Hospital, Institution, or				Street No.		
				(If rural, give		•••••••
How long in hospital or institution?				2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security 1	Number
	Rav Ell	swort	h Slider,		234-40	-280
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Single	20, DATE OF DEATH December	113 ,46	10A
				21. I CERTIFY that death occurred on the date abo		
6,(b) Name of husband				May 4 19.		
7. Birth date of			e) if alive, give ageyears	and that I last saw h. Analive on		- 1
deceased (mo., day, yr) Sept	. 8,	1925.	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If less than one day	armia		3 da
21	2	25	hrsmin.			
9 Rictholace	Tho	mas.	West Va.	Due to Cardias He	erx faelie	4
9. Birthplace			ntate)			
10. Usual occupation. Pulp Tester				Due to		0.000.0000000.0000000000000000000000000
11. Industry or business West Va. Pulp and Paper Co.			p and Paper Co.		•••••	***************************************
12. Name Ra	y F. Sli	der	***************************************	Other conditions		***************************************
12. Name Ray F. Slider 13. Birthplace Pobbin, Maryland.			Maryland.		************************************	
			ham	(Include pregnancy within 3 n	nonths of death)	
				Major findings of operations		
				•	Date of op	
16. Informant Mrs. Thelma Slider,			Slider,	Autopsy results		
Address	Dawson	, Mar	yland.			itatisticany.
Burial Bota thornel Dec. 5, 1946			Dec. 5. 1946	22. VIOLENCE: If death was due to external cause		
Burial (Burial, eremation, or removal, Which?) Date thereof Dec. 5, 1946 (month) (day) (year)						
Cemetery or crematory Dawson Cemetery.			metery.	Where did injury occur?(City or town)	(County)	(State)
Location Dawson, Maryland.			aryland.	Injured at home, farm, industry, public place (wh	ere?)	
18. Funeral director W. Hard Fredlock				Means of Injury	Injured at work?	
O I				OBGM. And B	Ber Mit	
Address Piedmont, West Va.			Mark a Sant	23. SIGNATURE		
19 Alc. 5 Holy Taymbaker Mil			meaker My	111.51	M. D. o	1211-
(Date rec'd by reg	istrar)	1 0	Registrar	Address	Date signed	

DEC 6 1946

information carefully. The correct age of death clearly and legibly.

ADING INK. Supply every item of Physicians: please write the causes

important.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 992

11684

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	F DECEASED:
County Allegany				State Maryland Cour	
City or town (If outside city or town limits, write RURAL and give nearest town)			IIU. RURAL and give nearest town)	Cumberlar	n d
			•••••	City or town Cumberlar (If outside city or town limits	
Hospitat, Institution, or	street address where	death occurred	i:	Street No. 313 Water St	
213	Water S	6.	***************************************	(If rural, give	
How long in hospital or	Institution?		***************************************	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME					3. (b) Social Security Number
	Flo	rence	Virginia Step	pe	None
4. Sex	10.00 mg				ERTIFICATION
Female	White	M	arried	20. DATE OF DEATH	1946 3105A
				21. I CERTIFY that death occurred on the date above	
			Steppe	A	
9 Mt 11 J-11	***************************************	6.(e) If alive, give ageyears	and that I last saw h alive on	
deceased (mo., day, y	Sept.	26,	1871		
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death	Least tailing (a cres
75	2	8	hrs min.		
Tr	ont Achh	Tel Inf	Vo	and Oherry my	rendition 23km
9. Birthplace Fort Ashby W. Va.				Due to.	
10. Usual occupation	Housew	ife	***************************************	Bushes /	
11. Industry or business				Bue to	***************************************
				Dither conditions	

13. Birthplace Maryland			-	(Include pregnancy within 3 m	nonths of death)
14. Malden name Mary Logston Unknown Mr. Tosenh W. Stenne			<u>II</u>	Major findings of operations	<u></u>
2 15. Birthplace	Unknow	m		/	
16, Informant Mr. Joseph W. Steppe			teppe	Autopsy results.	
Address 313 Water St. Cumberland, Md.				PHYSICIAN: Please underline the cause to wh	ich death should be charged statistically.
				22. VIOLENCE: If death was due to exfernal cause	ses, till in the following;
Burial Burial Dec . 7, 1946 (Burial, cremation, or removal, Which?)			(month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory S.S. Peter & Paul				Where did injury occur?(City or town)	(County) (State)
Location Cumberland, Md.				Injured at home, tarm, industry, public place (wh	
				Means of injury	Injured at work?
18. Funeral director Charles L. George				1 11 8	, 11, 7
Address Cumberland Add.				23. SIGNATURE AMM	
19 Clec. 6 1946. V.J. Frankling				10 19 Giam	M. D. or other /2-5-
(Date rec'd by reg	ristrar)	0	Registrar	Address	Date signed

RECEIVED! OEC 10 1946 E T CAPEDE

MARYLAND STATE DEPARTMENT OF HEALTH

CEDTIFICATE OF DEATH

411	N.	Charles	St.,	Baltimore	19/-0
			,		All

MEB Owens 11685

CERTITICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME george Weakly -	Stevens 3. (b) Social Security Number 214-07-1357
4. Sex 5. Color Frace (S(a) Single, married, widowed, or divorged of whale windowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.46. 21.4.0.06
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 2. 3. X X X X X X X X X	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 10 11.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
8. AGE: Years Months Days If less than one day 66 10 21	Immediais cause of death Oronay to ales Due la Ortuno Solina - 8 mas
10. Usual occupation	Due to.
12. Name W Stevens 13. 8irthplace Colifornia	Other conditions
14. Maiden name Mollie Brown 15. Birthpiace Hyndran Pa	Major findings of operations. Date of op.
Address 3/0 Waver, Ferree Cunt	Autopsy results
(Burial, cremation, or removal, Which?) Cemetery or crematory Cemetery or crematory Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director. John Jaffy. Address Cumberland, and.	Means of Injury Injured at work?
18 Alc. 16 19 46 D. P. Franklei M. D. Registrar Registrar	23. SIGNATURE M. D. dr attrer Address 23 2 a acc M. D. dr attrer Date signed 12/16/4

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

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ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CEPTIFICATE OF DEATH

11687

CERTIFICAL	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County Aligney	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fornewborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State manyland County Allegany
How long in above place of death?	City or town
HUV STULL	(If rural, give LOCATION)
How long in hospital or Institution?	2 (a) If veteran, name war
3. (a) FULL NAME Russell Carl 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	1. (b) Social Security Number 705-09-9881
hale White married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 10.46, 21.11.4.
S. (b) Name of huaband or wife. Bessie Billes	21. 10ERT That death pocurred on the date above atajed; that I attended daceased from
7. Birth date of deceased (mo., day, yr.) Lee 7 1888	and that I last eaw h 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Yeare Monthe Daye tt less than one day	Organi II.
9. Birthplace Janker (Town, county, and state)	Oue to.
10. Usual occupation	Due to Certain les
11. Industry or businasa 13 t U., 18. 12. Name B Stemans	Dither conditiona
13. Birthplace Wa.	(Include pregnancy within 3 months of death)
14. Maiden name Management 15. Birthplace	Major findings of operations.
16. Informant Anna Prosell E. Steward	Autopsy results
Address Esimberland and.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereot. 28 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Derleasesh Cyss.	Whera did injury occur?
Location Casankerland	Injured at home, tarm, Industry, public place (where?)
18. Funeral director dessia oftime Jac.	Maans of Injury Injured at work?
19. Dec 27, 19. 46 J. P. Tranklin M.L. (Date rec'd by registrar)	23. SIGNATURE OF D. D. or other
(Date and and comment)	

JAN 1- 1947
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Within corporate limits correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecutive is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (BD)

11688

CERTIFICAT	TE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Allenga.e.y. City or town County County County Cify or town limits, write RURAL and give nearest town) Street No. 25 Oct 5 (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Mary "Kozlechor" Str	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 3 19.46 at 10:15 a
6.(b) Name of husband or wife Fronk Strad 6.(c) If alive, give age 6.7 years 7. Birth date of deceased (mo., day, yr.) December 8, 1883 8. AGE: Years Months Days If less than one day 6.2 // 25 hrs. min. 9. Birthplace Fronk Grown, county, and state) 10. Usual occupation from county of the state of	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
12. Name Toba Koz Jechok 13. Birthplace Austria 14. Malden name ? 15. Birthplace Austria 16. Informant 77.2. Mary Bennett	Other conditions. Mou cho-buccustus (Include pregnancy within 3 months of death) Major fiedings of operations. Date of op.
Address 25 Oak 34, 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory 37.2. Teter o Fauls Competery	PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director As has for the first form of the first form o	Injured at home, farm, Industry, public place (where?) Misens of Injury Trajured at work? 23. SIGNATURE ALL CLUB KEUPSTS M. D. or other Address 49 Coulcul St Dafe signed 12546

DEC 10 1946

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2411 N. Charles St., Baltimore /49.8

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Reg. Dist.	No. 40

CERTIFICATE OF DEATH

County Allegany			***************************************	2. USUAL RESIDENCE (HOME) OF (For newborn infants give realdence of m	VVIA	0
City or town Cumberland Maryland (If outside city or town limits, write RURAL and give nearest town)		State W. Va		al		
How long in above place Hospilal, Institution, or	of dealh?sireet address where	death occurred	;	City or town Ridgeley Rt.#1 (1f outside city or town limits,		
			ecatur Street	Street No		/
		days	•••••••	2.(a) If veleran, name war	***************************************	
3. (a) FULL NAME		Peter			3. (b) Social Security	Number
4. Sex	eraldine T 5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	Mar	ried	20. DATE OF DEATH December 3	0 19 46	1:39 p
6.(b) Name of husband of	•••••	6,(c	e) If alive, give ageyears	21. I CERTIFY that death occurred on the date above Per 18. 2 9 18. 2 and that I last saw h. Le	e stated; that Lattended dece	eased from
deceased (mo., day, yr) JULY	11, 19	If less than one day	Immediate cause of death		
24		29	hrsmin.	surgical store		1
9. Birthplace	Pa. (Town,	coenty, and s	tate)	Due to	Zuna	* *************************************
to. Usual occupation	Housewi	fe		Due to Contracted pe	elv	** ************************************
tt. Industry or business		- 2		Leanh hier		
		A		Dther conditions		•
		7		(Inclede pregnancy within 3 mc	onths of death)	
l El		shilli	ing	Major findings of operations.		eln
	Penna.			V. V-	Date of op.	12-30-46
t6. Informant Al	Legany Ho	ospita	1	Actopsy results.	1 2 4 1 21 1 1	
Address	Cumberla			PHYSICIAN: Please enderline the cause to which 22. VIOLENCE: If death was due to external cause		statisticany.
t7Burial Bale thereof Jan. 2,1948 Bale thereof Jan. 2,1948 (Berial, cremation, or removal, Which?)			Jan. 2,1947 (month) (day) (year)	Accident, suicide, or homicide	-	hang good a good good oo good a g
Cemetery or crematory Hyndman Cem.				Where did injury occur?(City or town)	(Coenty)	(State)
Location Hyndman, Penna.			Penna.	Injured at home, farm, industry, public place (whe	re37	
18. Funeral director	Charles	L. Ge	eorge	Means of Injury	Injured at work?	
18. Funeral director Charles L. George Address Cumberland, Md.				/ W.	lings M	41)
	19.4.7	7	Paulchi M. Registrar	23. SIGNATURE. To Success 1	M. D.	or other 12 -31-16

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Out	side	of MARY AND STATE DE	DADWIND ON HEALTH	403
City	wim g	ts 2411 N. Charle	PARTMENT OF HEALTH St., Baltimore GA 'E OF DEATH	11690 Reg. Dist. No.
	carefully. The consarly and legibly.	1. PLACE OF DEATH: Allegany County Cumberland Rural (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Pennsylvania Couc Hyndman RD. (If outside city or town limits.) Street No. Hyndman RD# (If rural, give I 2.(a) If veteran, name war.	other) Somerset #1 Rural write RURAL and give nearest town) 1
3	information of death cle	3.(a) FULL NAME Mrs Mary E. Troutman		3. (b) Social Security Number
DNG.	of infuses of	Fe S. Color or race Widowed, or divorced Widowed	MEDICAL CE 20, DATE OF DEATH	
MARGIN RESERVED FOR BINDING	PLAINLY, WITH UNFADING INK. Supply every item of its especially important. Physicians: please write the causes	Benjamine Troutman June 27 1865 S.(c) If allive, give age years	21. I CERTIFY that death occurred on the date above	pate of op. Date of op.
4.	WRITE	Hyndman, RD 1 Pa. Somerset Co./ Location H. H. Zeibler	Injured af home, farm, Industry, public place (whe	
VS A15	PLEASE	Address Hyndman Pa. 1 Dec. 10, 1946 J. P. Trauklin, M.D. (Date rec'd by registrar) Registrar	23. SIGNATURE Structe Le Le Address Symanan	M. D. or uther Date signed 12:9:45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-0

CERTIFICATE OF DEATH

Reg. Dist. N

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	1. PLACE OF DEATH: Allegany				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
County			•••••••	Maryland county Allegany			
	City or town	tside city or town li	mits, write	RURAL and give nearest town)	VIANI N 3 DT 3	Warreland-	0000 1000 1100 01 1100 00 00 00 00 00
	How long in above place o	of death?	• • • • • • • • • • • • • • • • • • • •	***************************************	(If outside city of lown limits.		rest town)
	Hospilal, Institution, or s	street address where	death occurre	d: 110. 11. 1	Street No. Long, Storplan	amaus ad	delion
4		eatur Sti		The state of the s	(If rural, give I	LOCATION)	
d	How long in hospital or	Institution?	day		2.(a) If veleran, name war	***************************************	
	3. (a) FULL NAME			0		3. (b) Social Security	Number
1	Baby C	arl Twis	77			non	e
1	4. \$ex	5. Color or race		gle, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
4	77 - 7 -	Tills 2 4 a	a:	n = 7 =	la .		- 24
	Female	White	1 51	ngle	20. DATE OF DEATH	w 24 1046	, al 9
	6.(b) Name of husband o	r wife			21. I CERTIFY that death occurred on the date abov		ased from
				(a) If all you give age	Dec. 24		.M. 1946
	7. Birth date of	70/0	. /	COC Dar	and that I last saw h	23	19
	deceased (mo., day, yr.			7:05 P.M.	Immediate cause of death		ROITARUG
	8. AGE: Years	Months	Days	tf less than one day	ugistato fai	an	
		,	-	hrs. min.			* *************************************
	a Birtholaca Al	legany I	Hospi	tal, Md.	Due to remation be	lz.	*****************
	3. Uli (II) I II I	(Town,	county, and	atate)		8	
	10. Usual occupation				Pue la liemetina Se	vachi	
	11. Industry or business			October 100	bette place to		4
1	質 12. Name C社	aude Tw	igg	607	Other conditions		
	12. Name	ald 1	ann.	mel.			
		Stella	Agre	ee t	(Include pregnancy within 3 m	iontha of death)	1
	14. Maiden name	DUCTIA	ASI C	55	Major findings of operations		,
	2 15. Birthplace	N. J.					<i>_</i>
	16. Interment MAN	Claud	e Ju	viga	Autopsy results		
	1.10	<i>t</i> -	add	Ho le lad	PHYSICIAN: Please underline the cause to whi	ich death should be charged	statistically.
	Address	· A		0. 26 10.16	22. VIOLENCE: If death was due to external cause	ies, fill in the following:	
	17. (Burial, cremation,	mal Whish?	Date the	(month) (day) (year)	Accident, suicide, or homicide	Dale of	
		11:000	rest	- Cem.	Where did injury occur?(City or town)		
	Cemetery or cremator	2		Paral lard			
	Location	Dans.		and ma.	tnjured at home, farm, Industry, public place (wh		
	1B. Funeral director	Charles		. George	Mesns of Injury	Injured at work?	
	Address	for I	Lela	nd und	6 Phin	(M1)	
	Address	11	7	1) / P // Sm	23. SIGNATURE.		or other
	19. Klee. S	19/16	V.	J- Vrangley 11.	P. 19 Sico. 191	м. Д.	12-21-54
	Date rec'd by reg	istrar)	11	Registrat	Address	Date signed.:	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

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CERTIFICATE OF DEATH

		11	000	1 ./ 4
10	1	Reg. Dist.	No	5 4 0

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cambonlond	State Maryland County Allegany
City or town	City or town Cumberland (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life	
Hospitat, Institution, or street address where death occurred: 514 Reihl Avenue	Street No. 514 Reihl Avenue (If rural, give LOCATION)
	11.
How long In hospital or Institution?	
3. (a) FULL NAME MRS. GERTRUDE	WHITE 3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divi	MEDICAL CERTIFICATION
Female White Divorced	December 05 1140 12 Au
	20. Date of Death December 25 1946 21 3 A.M.
6.(6) Name of hueband or wife Elmer White	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	0 years 1942 19 10 Dez 21 1946
7. Birth date of	200 1081 2 1252 52W II
8. AGE: Yeare Months Days If leee than one day	Immediate cause of death
6, AUL.	Ch myscarditis 10 yr
	min. Caranda "
9. Birthplace Cumberland, Allegany, Maryland	overto ly rettention of
(Town, county, and atate)	Cancerna of treast 3 yrs):
1D. Usual occupation. Practical Nurse	Due to.
11. Industry or business Self	V
置 12. Name John Reihl	Other conditione
12. Name John Reihl 13. Birthplace Germany	
	(Include pregnancy within 8 menths of death)
	Major fiadings of operations.
E 15. Birthplace Germany	Date of op.
16. Informant Mrsl Jesse Welch	Autopsy results
Address 514 Reihl Ave, Cumberland, Md.	PHYSICIAN: Please voderline the cause to which death should be charged statistically.
17/28/	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial (Burlal, cremation, or removal. Which?)	(year) Accident, euicide, or homicide.
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?
Location Cumberland, Md.	
18. Funeral director William H. Kight	Means of Injury Injured at work?
Address Cumberland, Md.	Old Tue Vat MD.
Deal 27 11 Of the life	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Registrar Addrese 36 Deene St. Date signed 12/17-46
	Combat and My

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

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CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Mrs. Niletto Blanche W.	2 (b) 5 1/1 5 1 1 N L
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced 170 rried	MEDICAL CERTIFICATION 20. DATE DF DEATH. December 8 19.76 at 6:70.70 M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8, (b) Name of husband or wife Lester L. Willsingson	
8. AGE: Years Months Days It less than one day 61 5 26 hrs. min. 9. Birthplace Huntington Co. Pa. (Town, county, and space)	Ove to Alolita mellitus ?
10. Usual occupation. Hanae wife 11. Industry or business Our home	Oue to.
12. Name Williatt H. Lightner 13. Birthplace Huntington Pa, 14. Maiden name Niltho Boyer 15. Birthplace Huntington Po,	Other conditions
16. Informant Laster L. Wilkinson Address Tt. Z. Cumberland, Md.	Actors results
17. Burial, cremation, or removal. Which?) Cemetery or crematory. Hillerest Cometery.	22. VIOLENCE: If death was due to external causes, fill in the following: Actient, suicide, or homicide
Cumberland Md	Injured at home, farm, industry, public place (where?)

PLAINLY, WITH UNF is especially important. WRITE

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18. Funeral director

Address (Date rec'd by registrar)

Means of Injury

Injured at work?

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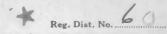
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MARYLAND STATE DEPARTMENT OF HEALTH Sr Walverton A Dr. 2411 N. Charles St., Baltimore B. CERTIFICATE OF DEATH Reg. Diat. No. 6



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state maryland county flegany
(If outside city or town limits, write RURAL and give nearest town)	77
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
I mi north of Westernport, Id	street No. 1 mi north of Westernport, Id
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Thomas Olen Wilt	J. (b) Doctar Decurry framet
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
"ale White Married	20. DATE OF DEATH. December 22 19 46 7:00 A
6.(b) Name of husband or wife. Lucinda Broadwater Wilt.	21. Le RTIFY that death occurred on the date above stated; that distinct deceased from
	Osc/O Hoden Ho
7. Birth date of Tanker 7 7887	and that I last saw here alive on of the Selection of the
deceased (mo., day, yr.) 8 AGE: Years Months Days If less than one day	Immediais cause of death.
8. AGE: Years Months Days If less than one day	Myo Carlie Ofequeration 3mo
9. Birthplace Nr Barton, Garret, Maryland (Town, county, and state)	ONE STEER STEERS
10. Usual occupation rarmer	
11, Industry or business	Oue to
= 12. Name Peter Wilt	Other condition with March
13. Birthplace	
14. Maiden name Sarah Crow 15. Birtholace Avilton, Eryland	(Include pregnancy within 8 months of death)
15. Birthplace Avilton, meryland	Major findings of operations
16 Informant farshall Wilt	Antopsy results.
Address Franklin. Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. burial (Burial, cremation, or removal Which?) Oate thereof Dec 24, 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Westernport, md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Ellsworth S. Boal	Mssns of Injury Injured at work?
Address 111 Church St, Westernport, Md.	1- Hooff +14 m
, Dec 23 , 46 aleannha Bar mi	23. SIGNATURE M. The of other
(Date rec'd by registrar)	Address Alexent, O.Va. Oate signed 23 X

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BUREAU Y. S.

2411 N. Charles St., Baltimore (59)

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CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residenes of mother)
City or town	State MARY LAND Couchy ALLEGANY CITY CUMBERLAND (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. BOWMAN'S ADDITION (If rural, give LOCATION)
MEMORIAL HOSPITAL, CUMBERIAND, MD. How long in hospital or institution? L hr. 20 min.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
BABY GIRL WRATCHFORD	lone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE	20. DATE OF DEATH DEC. 14 46 ,7:30 A
6.(b) Name of husband or wife	21. I CERTIEY that death occurred on the date above stated; thet attended deceased from 19
7. Birth date of	
8. AGE: Years Months Days If less than one day	Immediate cause of death SURATION
9. Birthplace	Oue to
置 12. Name GLEN WRATCHFORD	Other conditions
13. Birthplace W. VA. 14. Maiden name REGINA MINTDROP 15. Birthplace MD.	(Include pregnancy within 3 months of death)
THE MAIDEN NAME.	Major fiadiags of operations
\$ 15. Birthplace MD.	Date of op.
16. Informant MEMORIAL HOSPITAL	Antopsy results
Address CUMBERLAND, MD.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buriol Date thereof Dec 19, 1946 (Burial, cremstion, or removat. Whieh?)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cem.	Where did Injury occur?
Location Cumberland, Mid.	Injured at home, farm, Industry, public place (where?)
1B. Funeral directorLouis Stein Inc.	Means of injury Injured at/work?
Address Cumberland, Md.	23. SIGNATURE
19. Date rec'd by registrar 19 46 J. P. Franklin, M.D. Registrar	Address Date signed

ADING INK. Supply every item of information carefully by Physicians: please write the causes of death clearly indies ARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH CAR

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5/-6)

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g.	Diat.	No.	 		

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fognewborn infants give residence of mother)
County Magazing	State maryland county allegany
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 6.0.1 Bedford Sh.
601 Braford St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, nams war
3. (a) FULL NAME William Carl Gr	left 3. (b) Social Security Number
male Mite Samuel	MEDICAL CERTIFICATION 20, DATE OF DEATH SEC 6 19 46 21 7 P.B.
6.(6) Name of husband or wife Misse 6 Armbuster	21. I CERTIFY that death occurred on the date above started; that Larended deceased from
7. Birth date of	
deceased (mo., day, yr.) Swemby 27 1876	and that I last saw h
8. AGE: Years Months Days tiless than one day	Impedit cause of death prostate 18 mag
7n - 14min.	
leled God	
9. Birthplace	Due 10
10. Usual occupation Contraction	
11. Industry or business Brisk & Tile Letting	Due 10
# 12. Name Consad to gilch	Other conditions
12. Name Consad to Glob 13. Birthplace Blomany	
# 14. Maiden name Josephine Warkman	(Include pregnancy within 3 months of death)
14. Maiden name Jusephine Workman 15. Birthplace Glermany.	Major findings of operations
2 15. Birthplace Ulamany.	Date of op.
16. Informant Information of the state o	Autopsy results
Address Commberland	
17 Brisl Bate thereof New 9 46	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
(Burlai, cremation, or removal. Which?) (month) (day) (year)	Acceptant and the second secon
Cemetery or crematory At Buleus Olm	Where did Injury occur?
Location 6 son derland	Injured at home, farm, industry, public place (where?)
y . H. 19	Means of injury Injured at work?
10. 111	007
Address Cimperland,	23. SIGNATURE (T. Crevaskis m. S.
10 Nec. 9 1046. X. T. Nauklin, M.D.	M. D. or other
(Date rec'd by registrar) Registrar	Address Cumperland ned Date signed te 7-46

DEC 18 1946

2411 N. Charles St., Baltimore 470

CERTIFICATE OF DEATH

	1	1	6	9	7	,	Ü
Reg.	Dist.	No			4	10	2

1. PLACE OF DEATH: County Allegany				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life				State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		
16 South					ont St.	
How long in hospital	or Institution?		***************************************	2.(a) If veteran, nama war		
3. (a) FULL NAM	ME				3. (b) Social Security	y Number
			as Zimmerman		Mone	
4. Sex Male	5. Color or race		e, married, widowed, or divorced		CERTIFICATION 9 19.46	910
William C	1 1111111					
6.(b) Name of husban	d or wits			21. I CERTIFY that death occurred on the c		
7 Bloth dole of	***************************************	6.(4	e) If alive, give ageyear	and that I last saw h		
deceased (mo., day	.yr.) May 11,	1869		Jeffnediair cause of death	/)	100000000000000000000000000000000000000
8. AGE: Yea		Days 28	If less than one day	Caronima	of Laryna	1 110
9. Birthplace	Cumberland	Md county and	itate)	Due to		***************************************
10. Usual occupation	Clerk		red			
11. Industry or busing						6 weeks
12. Name C.C.	onrad Zimme	German	ny	Sthe conditions (Include pregnancy wi	O BL	o co cars,
14. Maiden name	Mary Cru	ber Germa	any	(Include pregnancy wi	low	
	C.C. Zimme Cumberlan		.D.	Autopsy results	e to which death should be charge	
Buris (Burial, crematic	on, or removal. Which?	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to exte	Data ot	
Cemetery or crema	tory St. Luk	e's Cer	ne.	Whera did injury occur?(City or	town) (County)	(State)
Location Cl	umberland,	Md.		Injured at home, farm, Industry, public pi	lace (where?)	
18. Funeral director.	Louis Ste		,	Marine at talian	injured at work?	16
Address	Cumberl	1/-	0+11. m	23. SIGNATURE	munina	or other
19. Alc.	//19 4 G		Nauklin Alis	address fun Call	Date signed	10

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